



# CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 16, 1985

a Benn publication

Minister again gives contract unequivocal support as Mr Sharpe slams 'rag-bag' BPA

PSNC to go it alone on judicial review

White list up by nine

Guild to vote on 4.7pc offer

Mr Corbett new PSNI president

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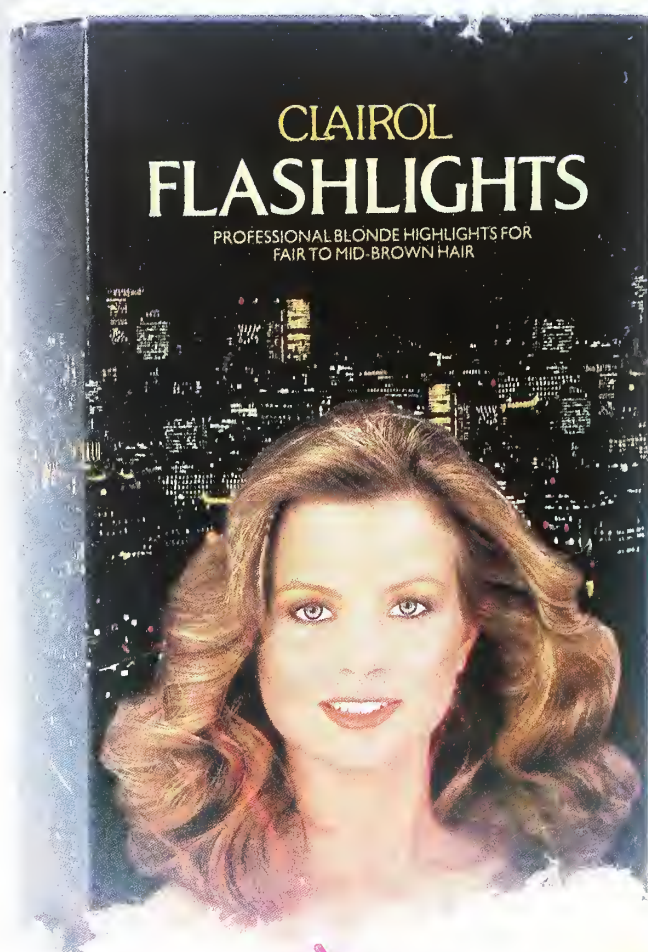
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**Contributing Editor:**Adrienne de Mont  
BPharm, MPS**Technical Reporter:**

Robert Darracott, BPharm, MPS

**Editorial Assistant:**

Nia Williams, BA

**Art Editor:** Jonathon Bobbett**Price List Controller:**

Colin Simpson

**Advertisement Manager:**

Peter Nicholls JP

**Assistant Advertisement****Manager:**

Doug Mytton

**Production:** Shirley Wilson**Publisher:**

Ronald Salmon FPS

**Director:**

Christopher Leonard-Morgan

**Published Saturdays**

by Benn Publications Ltd

Sovereign Way, Tonbridge,  
Kent TN9 1RW

Telephone: 0732 364422

Telex: 95132 Benton G

**Subscriptions:** Home £53 per annum.  
Overseas & Eire £67 per annum in-  
cluding postage. £1.10 per copy  
(postage extra). Member of  
the Audit Bureau of Circulations

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**Regional advertisement offices:**Midlands: 240-244 Stratford Road, Shirley,  
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## COMMENT



Not so much a celebratory feast as an old boy's reunion...

The PSNC's annual dinner, with its long guest list of MPs, Lords, and pharmaceutical luminaries, provided both the Committee's chairman, David Sharpe, and new Minister for Health, Barney Hayhoe with a suitable arena to flex their muscles in public.

Mr Sharpe made it clear to Mr Hayhoe that PSNC still could not accept that the Government lacked the powers under existing legislation to introduce control of entry for the pharmaceutical contract. If primary legislation is deemed necessary by the Government, then time could and should be found in this session of Parliament — its introduction by Summer of 1987 is just "not on". Mr Hayhoe protests that any Minister, new boy or not, would have been obliged to accept the late advice of Government lawyers and shy away from the enabling legislation on the Statute books.

But although PSNC's Mr Sharpe seemed well satisfied on the night with Mr Hayhoe's



unequivocal support for the contract, by the following day his Committee had determined on unilaterally seeking a judicial review of the law. Both sides appear confident of their counsel's interpretation of the legal scene. It is to be hoped the judiciary allow the law to be tested by review.

The sad truth is that for the moment, despite protestations of goodwill by both parties, the new contract with its novel limitation of entry aspect is spiked.

Meantime, the British Pharmacists Association have come up with a clarification of its new contract proposals revealed last week (p854). At the dinner

David Sharpe dismissed the BPA (UK) as a rag-bag of contractors with nothing to their name except self-interest and an ability to tell stories to a gullible Press — we trust that does not apply to the pharmaceutical Press.

The BPA sees the Basic Practice Allowance as the key to rational location although it has proved ineffectual in deterring leapfroggers in the past, and not encouraged the small pharmacies from opening in areas of need. Neither Government nor PSNC feel confident that BPA will be exempt from legal challenge by the disadvantaged. The fact that PSNC is currently pressing for an increased BPA is probably an attempt to cajole the Government into earlier action on the new contract, or again risk being seen backpedalling from a court case.

The BPA has shown that it can bark — what it lacks is bite — something it will lack until the Government attitude to it undergoes a radical change. Mr Hayhoe, seems unlikely to recognise any other negotiating body than PSNC.





**Contract: 739 say 'Yes'**

Ashwin Tanna's new contract survey now shows a 739:83 vote in favour — still the 10:1 ratio shown earlier (*C&D* November 2). Those in favour want the Government to effect legislation within six months to limit contract entry.

# Hayhoe told no reason to delay on contract

**Chairman David Sharpe told Health Minister Barney Hayhoe he had no reason to delay implementation of the new contract at the PSNC's fourth annual dinner on Monday. Mr Hayhoe reaffirmed Government support, but offered little else.**

The Department of Health has no reason to delay implementation of the new contract said Mr Sharpe. PSNC was not aware of any changes in case law that occurred between May and September to make primary legislation necessary.

"Understandably, our contractors are mystified. Under the circumstances would it not be sensible for a joint application to be made to find out whether such legislation is necessary?" asked Mr Sharpe.

"I cannot believe time is not available (even if new legislation is necessary, which we doubt) for the relevant clause to be added to any suitable bill scheduled to be enacted in the near future."

There are strong pressures within the profession for a private member's bill, but the future cannot be left to a ballot, he said.

The breakdown of voting figures in the recent Lords debate showed it had been an opportunity to defeat the Government on an apolitical issue. "It is clear to me that the Government had not briefed its own supporters to back Government policy," accused Mr Sharpe.

Members of both Houses may have been influenced by "the antics of a self-elected rag bag of contractors, with nothing to their name except self interest and an ability to tell stories to a gullible Press," he said. He dismissed suggestions that PSNC was undemocratic and that 3,000 pharmacies would close.

Control of entry would not prevent a pharmacist from opening a pharmacy, Mr Sharpe said. "The present system allows up to five pharmacies in the same street, each receiving NHS money as part reimbursement for their overhead costs. That is a waste of NHS resources. By preventing the granting of NHS contracts to pharmacists where they were neither necessary nor desirable, further savings would be generated, which we have calculated to be around £20m."

The new agreement will also allow in some areas the amalgamation of two closely-sited pharmacies and thus make two pharmacists available to improve the professional services offered, he said.

"PSNC estimates that of the existing



**Sharpe talks. Hayhoe listens**

pharmacies dispensing under 16,000 prescriptions a year, minus those in special circumstances, no more than 350 pharmacies would be inclined to give up their NHS contract. A further 100 of those are the large chain store pharmacies, whose NHS work is less than 3 per cent of turnover. This leaves 250 potential closures," said Mr Sharpe.

"We believe the Government has a moral, legal and professional obligation to proceed with the implementation of the new agreement with the utmost urgency."

## The Minister replies...

Mr Hayhoe said he understood the bitter disappointment and anger that expectations had not yet been fulfilled. "There is also bewilderment and unjustified and inaccurate suggestions that there is something fishy going on somewhere," he said.

"There must be no doubt that discussions on the new contract and its implementation proceeded in the utmost

faith. Everybody believed that the offer made in May this year represented the best possible outcome to the negotiations. That remains the reality so far as the Government is concerned.

"Lady Trumpington said at the British Pharmaceutical Conference that the Government looked forward to the implementation of the new contract. That was the position then and it remains the position now."

The Government was initially quite satisfied that adequate legal powers were available, said Mr Hayhoe. But there were growing indications over the Summer that the Courts were adopting a narrower interpretation of the Government's right to use general powers to introduce novel provisions in secondary legislation.

"It seemed only prudent to check again that our powers were sufficient," said Mr Hayhoe. "The legal advice we then got put a very different complexion on things and it became quite clear our powers were very uncertain indeed. The legal advice was brief, to the point and definitive and we had no alternative but to defer implementation. Anyone else, having received such advice would have acted in the same way. This legal advice was and is the only reason for our decision."

Those who do not approve of the new contract may suggest otherwise but they are indulging in pure play acting and make believe, he said. "The Government has no wish to withdraw from the new contract; it has no intention of withdrawing from the new contract; it will seek the necessary primary powers as soon as an opportunity presents."

But Mr Hayhoe could not say when the necessary legislation will be introduced. "We have certainly not given up hope of legislation in the current session but as I accept and have explained the chances of success are pretty remote."

## DHSS warning on illegal PIs

**The Department of Health has written to parallel importers warning no PL(P)s have been issued for French or Belgian Neo Mercazole tablets.**

The foreign products are not bio-equivalent to the UK licensed variety, and their use may lead to loss of control of thyrotoxicosis, says the DHSS. It is unlawful to market an imported product in the UK without a licence having been granted. Offenders can be fined up to £2,000, says the letter from Mr G. Franks, head of the DHSS licensing branch.



## PSNC go it alone on judicial review

The Pharmaceutical Services Negotiating Committee is to seek a review of the legislation under which it was proposed to introduce the rational location element of the new contract, with or without Department of Health support.

PSNC has still had no response to its letter to the Department suggesting a joint application. A further letter has been sent, but PSNC plan to press ahead alone if no reply is received, although a time limit has not been set.

The Minister for Health has given no indication when new legislation will be laid, and this is one way of ensuring it is sooner rather than later, chief executive Alan Smith told *C&D*. There is no way it will rebound on the Clothier Regulations because of the way the case will be put to the court, he said.

"We will be saying: 'This is the existing legislation, these are the proposed regulations, are they in conformity with the Secretary of State's powers?'"

## October: just 39 pharmacies open

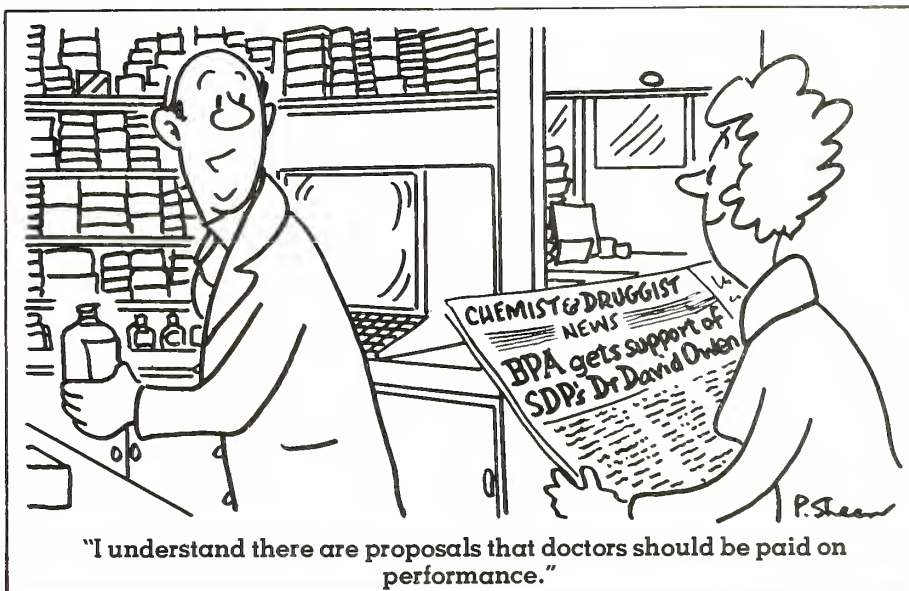
The September rash of pharmacy openings (136 with a net gain of 127) has shrunk to normal with 39 new premises registered in Great Britain in October (net gain of 25).

In England 31 pharmacies registered and 11 closed down; London showed a net gain of three (five openings). In Scotland three businesses opened and one closed down — there was no activity in Wales.

## What is your GP worth?

A plan to link GPs salaries to a performance review has been proposed by the Royal College of General Practitioners.

The College believes there is considerable support for the proposal from members "provided it could be put into practice in an acceptable way." In its report "Quality in general practice," the College suggests that a performance allowance be built into GPs contracts, to be continued throughout their professional lives, provided the results are satisfactory.



## Nine blacked back to white

The Advisory Committee on NHS Drugs has recommended that nine drugs, in specified strengths and formats, should be reinstated to the list of drugs available under the NHS. Regulations introducing the changes, to come into operation on December 1, have been laid before Parliament.

The decision on acetylcysteine and carbocysteine was announced recently (*C&D* November 2). In addition, Asilone gel and suspension, loprazolam tablets 1mg and lormetazepam capsules 0.5mg and 1mg have been reinstated following price reductions by manufacturers. Ancoloxin tablets have been reinstated after the Committee decided there was

evidence to show the drug was quite useful as an anti-nauseant in pregnant women. The additions are completed by cyanocobalamin injection BP, Ferrocap capsules and Levius controlled release tablets 500mg.

The Regulations also add to the blacklist nine alternative or descriptive names for drugs already included, to prevent misunderstanding or confusion. These are: Aspirin chewing gum tablets 277mg; aspirin tablets effervescent 300mg; aspirin tablets slow microencapsulated 648mg; diazepam capsules slow release 10mg; diazepam elixir 5mg in 5ml; fenopufen tablets 200mg; oxazepam capsules 30mg; paracetamol tablets sorbitol base 500mg, and pyridoxine tablets slow 100mg.

Health Minister Barney Hayhoe says he is delighted manufacturers have responded to the list by offering price reductions to restore NHS availability.

## PGC goes South to lobby MPs

Pharmaceutical General Council officials came South last week to lobby MPs at Westminster on the new contract.

After meeting politicians from both sides of the House Mr W. Scott McConnell, PGC chairman, says he is confident that rational location in Scotland will have widespread Parliamentary support.

"We had a friendly and constructive meeting with MPs from both sides of the House," he said, "and I am convinced we will have public support as well once the issues are fully explained."

"My Council has been greatly disturbed at the distortion of the issues and the proposed Government legislation by breakaway organisations but we are now

in the process of debunking this information. We hope that in the near future the need for rational location in Scotland will be clearly understood by all."

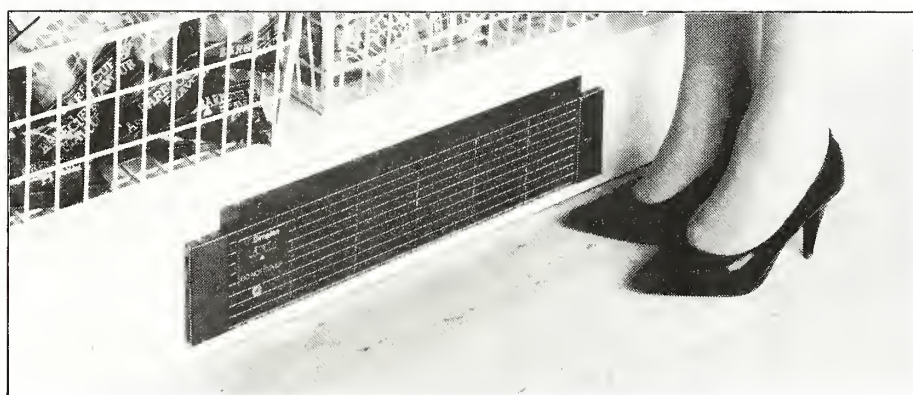
The PGC met with Labour MP Mr John Maxton, the new Scottish health spokesman, and Mr Harry Ewing, a former Labour Scottish Health Minister. Mr Ewing said: "I am not opposed in principle to any future bill relating to relocation but there are a number of points which I will want to raise when it comes before the House."

PGC officials also saw Lord James Douglas-Hamilton MP, Parliamentary private secretary to Malcolm Rifkind, who said: "Obviously I would wish to study the details arising out of any consultations, but I fully support the PGC in its policy to serve the needs of the public more effectively in all areas of Scotland. I am extremely aware of the invaluable service which pharmacies provide to the NHS and I believe PGC has the best interests of the profession at heart."



# Cold shops are empty shops!

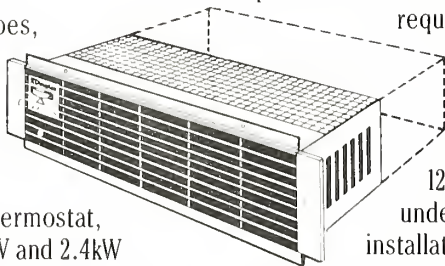
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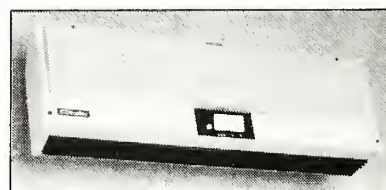
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## Guild offered 4.7 per cent

**The Guild of Hospital Pharmacists is to vote on acceptance of a marginally improved pay offer of 4.7 per cent across the board.**

Guild groups have been asked to organise meetings over the next couple of weeks to assess the feeling of the membership and present voting figures for the next Guild Council meeting, scheduled for November 28. The pay settlement was due on April 1.

The new offer came at the meeting of the Pharmaceutical Whitley Council on Friday, November 8. The increased 4.7 per cent is on all salaries, late clinic and lecture fees. "Although the offer must be seen as a disappointing one, it was the view of the staff side that nothing further could be obtained on this year's pay increase through negotiations alone," said ASTMS divisional officer Ms Donna Haber. "If the offer were to be rejected then hospital pharmacists would have to employ means

outside of negotiations to improve the offer or there would be no salary increase for 1985." It was a stark choice, she said.

At the meeting last week, the management side said it was now prepared to negotiate on emergency duties and back the offer with cash, said Ms Haber. They were, however, proposing a significantly different agreement to the one that had been discussed before.

The management side say NHS managers do not agree that formal arrangements for emergency duty payments are necessary on a universal basis. They have serious reservations about paying for emergency duties for a group of staff which they regard as being of a high professional standard. Management side were proposing to negotiate pay increases so that salaries should reflect pharmacists' professional standing, including a commitment to provide reasonable emergency duty.

"Staff side has made no commitment to this type of agreement, but are prepared to listen and discuss the offer," said Ms Haber. A meeting has been arranged for December 6.

## New contract — BPA proposals

**The British Pharmacists Association has revealed more of its alternative contract proposals (last week, p854). A full discussion document is expected shortly.**

The main points are:

■ **Rational distribution:** Most pharmacists seem in favour. This can be achieved through a fair and equitable system of financial incentives and disincentives. The basic elements are:-

α: **Higher B.P.A.:** Both the present contract and the recently abandoned proposals encourage the concentration of pharmacies in areas of high prescription density ie near doctors' surgeries and health centres. This trend must be reversed by greater "up-front" payments with an enhanced and more flexible basic practice allowance than at present. This should take into account prescription volume in relation to the proportion of facilities dedicated to NHS dispensing and the length of service to the NHS. It should include an individualised premises allowance and extra principal pharmacist allowance (see below). It must also be "stepped" at lower prescription volumes so that there is a minimum volume at which a full BPA is paid. The BPA should be such a high proportion of NHS remuneration

that its absence would render a pharmacy totally uneconomic.

β: **Open and closed zones:** A system of open, intermediate and closed zones depending on the volume of prescriptions dispensed per principal pharmacist in a particular area. Thus areas in which each pharmacist dispenses a large number of prescriptions would be relatively open while areas with a low prescription density would be relatively closed. Each pharmacy should also have an exclusion zone around it in inverse proportion to the number of prescriptions dispensed per principal pharmacist.

■ **Partnership incentives:** Where pharmacists become partners on the same premises, the exclusion zone would automatically become larger. This would not only encourage rational location, but allow pharmacists whose businesses close due to local circumstances to remain contractors, by encouraging the owners of surviving pharmacies to sell equity in their businesses either to their employees or to other pharmacists. NHS payments should be arranged so that a partnership between two pharmacists receives higher remuneration than the same pharmacy owned by one pharmacist and employing another. It should also receive a higher remuneration than two smaller pharmacies dispensing a similar volume. In the case of multiples, if the pharmacist in charge was sold a share of the equity of the dispensing part of the business then the exclusion zone would be increased, and the

dispensing would make more profit. All this would create a trend towards the ideal of pharmacy for the pharmacist.

■ **Individualisation of premises allowance:** The actual cost of rent, rates and other overheads to be reimbursed, based on the proportion of the premises used for NHS dispensing. This would not only reimburse the pharmacist more fairly for costs incurred, but would encourage higher professional standards.

■ **Dispensing doctors:** The eligibility for a doctor to dispense should depend not on how far the patient lives from the surgery, but how far the pharmacy is from the surgery. Doctors should be treated exactly as pharmacists for dispensing purposes, and should be subject to the same controls. Medicines should be dispensed only by the doctor or under his personal supervision, or by a pharmacist. He should, be able to take on a pharmacist partner with the consequent widening of his exclusion zone and extra payments.

■ **Funding:** Must come from savings on the drugs bill. The only people who have the expertise to pinpoint areas where cost savings can be made are pharmacists.

■ **Hospital pharmacists:** Must be paid on levels commensurate with those in retail pharmacy, and linked to these in future.

## DHSS adopts EEC PL system

**New product licence applications made after November 1, 1985 must be accompanied by "expert reports" — this follows the implementation of a 1975 EEC pharmaceutical directive by the DHSS.**

In all other EEC countries such applications are accompanied by reports from outside experts summarising and critically evaluating the data dealing with pharmaceutical, toxicological, and clinical aspects. The DHSS Medicines Division performs this task at present.

But the Proprietary Association of Great Britain forsee problems. The Directive does not state what the qualifications of the "experts" should be, the PAGB says in its latest bulletin.

The DHSS anticipates that clinical reports will be made by medically qualified persons while pharmaceutical reports will be made by pharmacists. Experts will probably come from the company making the application but if suitable personnel are not employed outside experts or consulting organisations would be involved.

For abridged applications, the report will come into force from March 1, 1986.



## DHSS appeals against opticians

**The Department of Health is to appeal against a court decision that its move to cut opticians' fees to recover alleged excess profits was unlawful (C&D, Oct 26).**

Amending primary legislation proved insufficient to clawback the money and the DHSS is understood to be worried that the decision will allow other contractors professions to follow up claims.

Even if the DHSS lose the case it has found a breathing space in which to bring in further legislation. PSNC hopes that if this is the case the new contract legislation could be brought in on the back of it.

☐ The "yellow card" system of adverse reactions reporting is being extended to ophthalmic opticians for a year-long trial period.

## Script costs cut

**Prescribing costs fell in June for what is thought to be the first time ever, according to the latest figures.**

Prescribing costs in England were down by 0.21 per cent compared to June last year, while in Wales the decrease was 0.66 per cent. Mr Peter Boardman, PSNC secretary, says that the number of prescriptions dispensed has dropped before, but never the cash. He puts the drop down to the effects of the limited list.

## Press complaint: Winthrop wins

**The Press Council has upheld a complaint by Sterling-Winthrop Group over a Daily Express report.**

A front page report, headlined "Five pain-pills kill Karen, 18," said her boyfriend called for paracetamol to be taken off the market. It said he told an inquest she had taken five Panadol tablets. The report added that Panadol was a brand name for paracetamol. An inside page article said doctors and coroners had been warning about paracetamol for 15 years.

Sterling-Winthrop's director of public affairs, Victor Ripley, complained to the Press Council that the newspaper published prominently an inaccurate headline and distorted report, unfairly attacking the product.

## Shop for sale?

I've had a chilling letter in the post. It came from a thrusting estate agency who announced they were acting for people who were looking for premises "to open a pharmacy" in the area. Would I be willing to negotiate the sale of my lease, or if I owned the property, the freehold? In fact they had clients with ample capital who were anxious to do a deal. Turning to the envelope again I saw it was addressed to the owner or occupier.

There are already enough pharmacies here. Mine is a small one, as is my nearest independent, while the local Boots is one of their older small branches. I could be leapfrogged yet again as could be my mate down the road. You tell me. What do I do?

## 'Dear Dr Owen'

"I cannot say how sorry I am to see your gullibility in falling for a well presented confidence trick so publicly exposed. I refer to your response to the representations made to you by the British Pharmacists Association, which I can only presume you took to be the official body of my profession. This, as you ought to know, is called the Pharmaceutical Society of Great Britain.

"No doubt by now others will have attempted to point out the nature of your mistake. I hope you have the wit to listen carefully to what our elected representatives and their executives have to say because, as a pharmacist whose natural inclination is to avoid political extremes, there has been a great attraction for me and many of my colleagues to a party whose role could be that of providing a rational, reasoned balance in the affairs of this country. To discover your support being given to a group, many of whose statements can be shown to be based on wildly distorted views, is profoundly disillusioning.

"For your comfort you have not been the only one taken in by the smooth PR expertise employed by this vociferous and highly interested minority of contractors. You will appreciate, I am sure, that pharmacists as individuals tend to be quiet and respectable men and women who are not used to the tactics of big business or high pressure PR, seeing them as unnecessary to the recognition of their role in society. The shattering effects on this cosy assumption by your public support of the truly untenable position sold to you, ought to be weighed by you carefully.

"We had a chance of ensuring a better distribution of retail pharmaceutical services to the widest communities of

Great Britain, coupled with some degree of security for our practitioners. Check with our elected negotiators again, weigh up properly the evidence, which is solid and statistically accurate, then come back to the subject with the support any reasoning man must give to the contract proposals, so nearly agreed. Then act a real man, and admit you made a mistake. It may not be thought politically expedient, but your stature would be enhanced, beyond the cost to your pride."

## No coughing up

*The Drug & Therapeutic Bulletin* concludes the £40m a year spent on cough mixtures is wasteful, and welcomes the drastic pruning of the list available on the NHS. As a rational man, and a pharmacist I am saying nothing since I have an interest to declare. But I note a curious thing. Since prescribing has dropped for these products, my OTC sales have scarcely increased. It looks as though the doctor's prescribing was what gave them a cachet of potency, already beginning to dissipate. It doesn't take long to change prescribing habits or patients' expectations, does it? What's more, it has been remarkably easily accepted.

## Dapper chap

He was dapper. He was immaculate. He was 70 if a day, but looked 50. Pink of complexion, rapid in movement, he drove a whacking great Mercedes coupé and always carried a dolly bird with him. I knew him for the private prescriptions of Potensan Forte, the presentation of which was made with but the slightest break in his rather formal "I'd like to wait for it, old chap," by a man-to-man nod at me.

When the prescribed medicine became hard to get I was commanded to buy all I could by his private doctor. Well, it's all part of life's colourful pageant, and we kept him going until about nine months ago. We didn't see a lot of him this Summer, but he looked as splendid as ever, crackling with energy. Imagine my surprise to learn that he died recently, within three weeks of having a liver cancer diagnosed.

As a matter of curiosity I looked up yohimbine in Martindale last night, and noted it was contraindicated in renal or hepatic disease. I don't know why I am writing this. Maybe I have a need to mark his passing for he was certainly different from the run of the mill 70-year-olds I normally deal with. Oh — and he married his dolly two weeks before he died — which goes to show something...

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And a further \$300,000 on posters, national radio and press will keep sales fizzing into the new year.

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## Council takes hospital crisis to Nuffield

**The Pharmaceutical Society is to pursue the problem of the shortage of basic grade pharmacists both with the Minister for Health and the Nuffield Inquiry.**

It was reported to the Practice Committee at this month's Council meeting that the Department of Health chief pharmacist (Dr B.A. Wills) had said the Department was aware of the difficulties of recruitment of basic grade pharmacists and was currently studying the problem. He agreed there might be good grounds for undertaking a comprehensive review of the hospital pharmaceutical service, but suggested that the matter should not be contemplated further without taking into account the recommendations of the Nuffield Inquiry and the emergence of a more complete picture of the new NHS management structure and arrangements. He could not, therefore, envisage the rapid action which Council seemed to favour.

The Practice Committee recommended that the case should be fully explored at a meeting arranged with the Nuffield Inquiry for November 18. Mr R.M. Timson supported the recommendation, but felt that Council should go direct to the Minister, for little help appeared to be forthcoming from the Department.

The secretary and registrar, Mr John Ferguson, reported that no reply had been received from the Minister to a letter from the president, expressing Council's concern over recruitment and seeking a meeting to discuss the need for a comprehensive review of the hospital service. Council agreed that the matter should be pursued.

**Access to health records.** The Society is to inform the Department of Health that a proposed order under the Data Protection Act 1984 should allow pharmacists to refuse access to personal health records in certain circumstances.

The Practice Committee noted the proposed general principle that members of the public should have the right to know whether a data user held any information on them and, if so, to receive a copy with sufficient explanation to make it intelligible. The Department's discussion paper appeared to favour the view that the general provisions of the Act should apply to most health data.

The Committee considered that there were two occasions on which a pharmacist

should be able to refuse access. The first was when a practitioner had indicated that a container should not be labelled with the name of the product, the second concerned access to children's health data by parents. The meeting accepted that parents could expect to have access to information on the medication taken by young children directly under their care, but felt that there were considerable problems with older children who might be largely independent, having a right to privacy. It was agreed that in such cases parents should not have access to children's medication records maintained within pharmacies, but should make a direct approach to the practitioner who originated the prescription. Council agreed that a letter should be sent to the Department making those points.

**PhD shortage.** The Society is to inform the Science and Engineering Research Council that there is a marked shortage of PhD pharmacists with postgraduate training in the biological sciences, although there is a need for such people in the pharmaceutical industry. SERC had asked the Society's views to help in a study of industry manpower needs so that more effective use could be made of research studentship awards.

**Animal medicine stocks.** The Society is to write to a national wholesaler offering a meeting to discuss the possibility of its stocking animal medicines. That was agreed on the recommendation of the Ag and Vet Group Committee, which considered that more pharmacists would be likely to stock animal medicines if they had ready access through a national wholesaler.

**Branch grants increase.** The Society's branch grants, regional grants and regional conference grants are all to be increased by 5.5 per cent for the financial year starting April 1, 1986.

**Help for younger members.** A financial concession is to be implemented at the 1987 British Pharmaceutical Conference to allow younger members to attend more easily. The Conference registration fee is to be waived for members under 25 years and for those classified as "young authors," initially for 1987 only.

**Chelsea move.** The Council has confirmed its view that the Chelsea school of pharmacy should move to the Cornwall House site of King's College London, rather than to an alternative site at Tooting, when the premises formerly occupied by Chelsea College are vacated.

**Postgraduate priorities.** The research project to determine priorities in the postgraduate education of pharmacists had been completed. The work is to be published in full and in abbreviated form as an information leaflet.

## Appalling lack of progress...

**The Pharmaceutical Services Negotiating Committee has accused the Department of Health of renegeing on agreements, and is "appalled" at the lack of progress and the Department's tactics, following a meeting last week.**

The DHSS has not accepted evidence submitted by PSNC on dead stock arising from the limited list, and wants a full stock holding inquiry. (The previous Health Minister Kenneth Clarke told PSNC a rebate would be considered provided PSNC produced the figures.)

Chief executive Alan Smith says a full inquiry is unacceptable, as stock will have been destroyed or disposed of by the time it starts. Additionally PSNC is negotiating a new profit formula based on turnover rather than capital employed. A stock inquiry would pre-empt these discussions.

The DHSS still has to respond to proposals put forward by PSNC in March on a profit based formula, says Mr Smith, but now wants to bring in outside consultants. "This would not allow the Pharmacy Review Panel time to consider the matter this financial year. PSNC says the Department has had long enough to look at it and object to bringing in outside consultants when the expertise of the Review Panel is at our disposal.

"A further meeting is planned for November 18. If both profit formula and the notional salary review are not resolved then, PSNC will refer both matters to the Review Panel unilaterally."

PSNC also accuses the Department of breaking the agreement on using manufacturers' list prices to pay for colostomy appliances.

PSNC is to solicit advertising to appear in its Part 8 Drug Tariff amendments, which, it says, will help prevent costs being passed on to contractors. As part of the tender to provide an oxygen concentrator service a limited company, PSNC Ltd, was set up to handle operations.

Since it is now redundant PSNC intends to use it as a means of collecting advertising revenue from companies that may wish to advertise.

Mr Joey Martyn-Martin, the British Pharmacists Association's publicist, wants the Pharmaceutical Services Negotiating Committee to change its name.

"It suggests it represents all pharmacists and that quite plainly is not the case," he says, and he will use the law to force them to do so if necessary.



## Lodine caps

**Manufacturer** Ayerst Laboratories Ltd, South Way, Andover, Hants SP10 5LT

**Description** Capsules containing etodolac 200mg with an opaque dark grey body and light grey cap, printed with two red bands and "Lodine 200"

**Uses** Acute or long-term use in rheumatoid arthritis

**Dosage** Usually 200mg twice daily. However, some patients may require 600mg daily. Patients may also respond to 400mg or 600mg administered as a single daily dose. The safety of doses in excess of 600mg per day has not been established. Neither tolerance nor tachyphylaxis has been reported. *Elderly* No change in initial dosage required. *Children* No paediatric dose established

**Contraindications** Previous hypersensitivity. Active peptic ulceration or a history of peptic ulcer disease. Due to possible cross-reactivity, Lodine should not be administered to patients who experience asthma, rhinitis or urticaria during therapy with aspirin or other non-steroidal anti-inflammatories. Safety during pregnancy or lactation has not

been established

**Precautions** Although NSAIDs do not have the same direct effects on platelets as does aspirin, all drugs which inhibit the biosynthesis or prostaglandins may interfere, to some extent, with platelet function. Patients treated with Lodine who may be adversely affected should be carefully observed. No evidence of significant changes in hepatic or renal function with Lodine. However, impairment of renal or hepatic function due to other causes may alter drug metabolism; patients receiving long-term therapy, especially the elderly, should be observed for potential side effects and doses adjusted if necessary, or the drug discontinued. Lodine is extensively protein bound. Bilirubin tests can give a false positive due to phenolic metabolism of Lodine in the urine

**Side effects** Most mild and transient.

Nausea, epigastric pain, diarrhoea, indigestion, heartburn, flatulence, abdominal pain, constipation, headaches, dizziness, drowsiness, tinnitus rash and fatigue have been reported

**Packs** 60 capsules (£16.80 trade)

**Supply restrictions** Prescription only  
**Issued** November 1985

## Hamarin tablets

Nicholas Laboratories are introducing Hamarin tablets containing allopurinol in 100mg and 300mg strengths.

Both are white, biconvex tablets. The 100mg tablets (100 £7.42) are engraved on one side with a breakline and "Hamarin" and "100," with a triangle logo on the other side. The 300mg tablets (30 £6.68 both prices trade) are engraved with a breakline and "Hamarin" and "300" on one side and a triangle on the other.

Hamarin is being promoted to doctors, and stocks are widely available from wholesalers, say Nicholas. A bonus offer is available to community pharmacists for a limited period from representatives or *Nicholas Laboratories Ltd, PO Box 17, 225 Bath Road, Slough, Berks SL1 4AU.*

## Cox new packs

Cox Pharmaceuticals have introduced a number of bulk packs to their established generics range. Allopurinol 300mg tablets are now available in 100s (£19.95); hydralazine HCl 25mg in 500s (£7.61) and 50mg in 500s (£14.92); lorazepam 1mg in 1,000s (£18.23) and 2.5mg in 1,000s (£28.50); and temazepam capsules 10mg in 1,000s (£36.10) and 20mg in 500s (£29.25). Special introductory offers are available from representatives or Cox

*Pharmaceuticals, Whiddon Valley, Barnstaple, Devon EX32 8NS.*

## Wyeth move into adult feeding

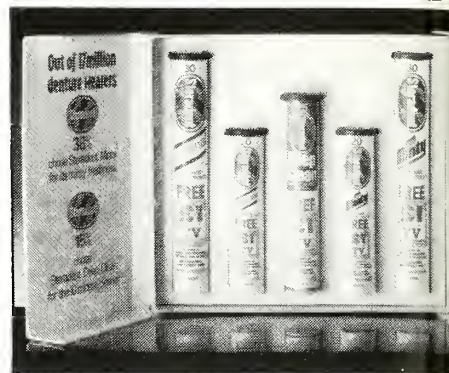
Wyeth are moving into adult nutrition with the launch of their Clinical Nutrition range of tube and sip feeding products.

Initially only available in hospitals, the range includes four supplements — banana, chocolate, strawberry and chicken flavours. Each 200ml carton (£0.32) provides at least 304Kcal and contains 11.4g of high quality milk protein. The carbohydrate is gluten-free and the fat contains a high proportion of linoleic acid.

Supplement orange Nutrifruit provides a protein enriched drink for those who cannot tolerate concentrated nutrition, or who are on low fat diets. The 200ml pack (£0.32) contains 12g protein, but only 0.12g fat providing 206Kcals.

Standard enteral feed for nasogastric feeding can be used as total feed or as a supplement. It is formulated to minimise the occurrence of diarrhoea, say Wyeth. The 500ml carton (£0.70 all trade) provides 515 Kcal.

The products are packed in individual cartons, with straws. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH.*



## R&C repeat an original

Reckitt & Colman Products are relaunching Steradent original in January.

The decision for the relaunch was made as a result of a clearly defined split in the market after Steradent's minty launch in 1984. This variant is said to be particularly popular with younger users while older users appear to prefer the original flavour.

The new pack will carry a television licence stamp promotion, offering £1 worth of licence stamps for every three proofs of purchase. Consumers can apply for a maximum value of £10 worth of stamps.

Reckitts say the dental care market is worth £23m and Steradent dominates with well over half the market. *Reckitt & Colman Products Ltd, pharmaceutical division, Dansom Lane, Hull.*

## Rejig for gel

Intralgin gel from Riker Laboratories is being supplied in a new pack. The blue on white pack with no graphics has been replaced with a grey pack with black and red wording and a red and white illustration. This illustration is carried over onto two sides of the pack. Directions given on the pack are the same as before except that storage below 25C is now recommended. *Riker Laboratories, Morley Street, Loughborough, Leics LE11 1EP.*

## Nappy care

The Nappy Advisory service has produced a leaflet giving instructions on how to look after a baby's nappies. Entitled "Easy laundering for terry towelling nappies," it provides guidelines for ensuring that nappies are kept in the best possible condition so they can be used for a second and sometimes a third child. To obtain copies of the leaflet send an SAE, 6 by 9in, to Nappy Advisory Service, 3 Elgin Road, Sutton, Surrey.

*Chemist & Druggist 16 November 1985*



# £2,500,000 SAYS NOTHING OUTLASTS GOLD SEAL

The latest independent Swedish tests have proved that no other alkaline long life battery outlasts new improved performance Gold Seal.

And that's what we're telling the country in our new £2,500,000 TV campaign.

So make sure that demand doesn't outlast your Gold Seal stocks, by placing your extra orders now.

**Nothing outlasts Gold Seal**







# When children are under the weather

In the world of childcare, you deal with many conditions. And need to recommend an analgesic that provides effective relief.

Trust Angiers.

For over a hundred years we've been caring for generations of children.

New Angiers Junior Paracetamol provides anxious parents with that needed reassurance.

A carefully measured dosage has been specially formulated to suit children.

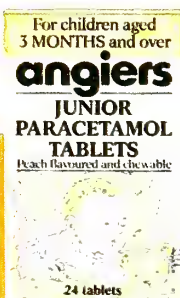
The tablets are peach flavoured.



# Angiers makes a change for the better.

Available. So whether you prefer aspirin or paracetamol, we have the answer.

Angiers works gently to soothe aches and pains and to relieve the feverish symptoms of colds and flu,



even for babies as young as three months.

Both are available in child-resistant packs.

Trust Angiers to save the day.





## Numark launch hair range...

Numark are launching a range of own brand shampoos (250ml, £0.59) and conditioners (200ml, £0.59) in December.

There will be three varieties of each — jojoba and vitamin, henna and keratin and aloe vera.

The jojoba and vitamin E shampoo is designed for normal to dry hair. While henna and keratin shampoo is suitable for permed and tinted hair, and aloe vera herbal is for those who like to wash their hair frequently. The conditioners complement their shampoo partners.

*Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wiltshire BA12 9JU.*

## ...and part two of Streetwise

This month, Numark are offering consumers four more money-off coupons to back the second part of their Streetwise competition, with £12,000 worth of children's prizes and £1,750 worth of Numark shopping vouchers for parents of first prize winners.

There are also three offers this month for Numark chemists. They have the choice of W.H. Smith, Dewhurst or Victoria Wine vouchers worth £4, £7 or £12 on orders of five, eight or twelve cases of Sterling Health medicines. Members ordering five, ten or 20 cases across the Kotex range promotion qualify for £2, £5 or £15 worth of Marks & Spencer vouchers.

Numark members ordering Kleenex products, excluding pocket packs, will receive a £2 Peter Dominic voucher for a five case order, £5 for ten cases and £15 for 15, and all 20 case orders which include six cases of Kleenex Velvet toilet tissue will be entered into a grand lucky draw for a £1,000 Intasun holiday.

Products on promotion include Colgate dental cream, Contour cartridges

and razors, Dr Whites, Flex Body Building conditioner and shampoo, Heinz baby food cans, Kotex Simplicity, Brevia, Dayfresh, Sylphs and Stowaways, Milupa Infant Foods, Pennywise, Silvikrin hairspray, Soft & Pure cotton wool, Steradent tablets and Deep Clean, Supersoft hairspray, Brylcreem, Cream Silk conditioner, Denim, Grecian 2000 and Lady Grecian, Harmony colorant, Hermesetas, Kleenex for Men, Super 3, regular tissues, Boutique tissues, pocket pack, travel tissues, Velvet toilet tissue, Lucozade, Matey bubble bath, Numark luxury soft toilet tissues, Palmolive shave cream and sticks, Pin Up and Silvikrin Toners and Shaders.

Family Care Specials include Andrews liver salt, Angiers Junior aspirin, Anusol, California syrup of figs, Clearblue home pregnancy testing kit, Karvol, Milk of Magnesia liquid and tablets, Mil Par, Numark expectorant cough relief, Numark paracetamol tablets, Numark soluble aspirin tablets, Nurofen, Preparation H, Solpadeine tablets, TCP throat pastilles and Woodward's gripe water. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

## New Durex

An improved Durex allergy sheath has been introduced by LRC Products.

The sheath, coated with an inert lubricant, is for those people who are hyper-sensitive to conventional sheaths. It is formulated to reduce the likelihood of allergic reaction and replaces a previous allergy sheath which was unlubricated. A newly designed pack contains 12 sheaths and retails at £2.36. *LRC Products Ltd, North Circular Road, Chingford, London E4 8QA.*



De Witt International have introduced Twice As Gentle liquid detergent (1 litre, £1.69) and fabric conditioner (1 litre, £0.99) for sensitive skins. The products which will remain chemist only, contain no perfume, optical brighteners or chemical bleaches. *De Witt International, Seymour Road, London E10 7LX*

## Crimpers appeal to the chemist

Crimpers, hairdressers with three London salons, are branching out into the chemist trade with a range of hypo-allergenic haircare products.

There are four products in the range. The hypo-allergenic shampoo (250ml, £2.50) and conditioner (250ml, £3) are perfume, colorant, chlorine, salt and preservative free. The hairspray (200ml, £3) does not rely on a fluorocarbon propellant to create a mist and an aloe vera green soft soap shampoo (250ml, £2.50), is detergent free and made from vegetable extracts. The range is packed in simple lightweight containers and, as yet, is available direct only from *Crimpers, 63 Heath Street, Hampstead NW3.*

## ON TV NEXT WEEK

GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees

### Actifed Compound linctus and expectorant:

All areas

Altacite Plus: U, TTV, C4(TTV)

Askit powders: STV

Beecham Hot Lemon: All areas except Bt

Benylin paediatric: Y, C

Benylin expectorant: All areas

Body Builder: All areas

Claïrol Foot spa: TTV, C4

Complete Care: GTV, STV, G, Y, C, HTV, TSW

Crookes Strepsils: All areas except CTV, Bt

Dixcel: All areas

Duracell: All areas

Gold Seal batteries: All areas

Hills balsam and pastilles: G, Y, TTV, C4

Hustler grooming range: LWT

Jerome hair and body glitter: Bt

Karvol capsules: All areas

Listerine: All areas

Nana: Y

Nurofen: All areas except CTV, Bt

Oil of Ulay: GTV, STV, B, Y, C, A, HTV, TSW, TVS, TT, C4

Perfect Colour by Cutex: All areas

Poly Foam: All areas

Propain: TTV

Resolve: All areas

Ribena: All areas

Robitussin: U, STV, G, Y, C, A, HTV, TVS, TT, Bt

Sanatogen vitamins: All areas

Simple skin care: C4(All areas except G)

Sinex: All areas except U, CTV, LWT, Bt

Ulay cleanser: TTV, C4

Vaporub: All areas except U, CTV, LWT, C4, Bt

Yardley White Satin: All areas



# PROFIT BY DESIGN

If you don't believe  
that today's designer  
kitchens need today's  
stronger, brighter,  
more absorbent,  
two colour,  
designer towels...  
you'll be one of the  
few people who  
won't clean up.



FOR FSTERLING  
LEARN TO LIVE



# If you want the status,

**Vestric**  
We're always there, we always care.  
All offers made are subject to manufacturers availability and while stocks last.

**NEW**  
A Fresh Approach to Skin Care

**Apri**  
For better looking skin.

**VANTAGE CHEMIST**  
Right On Price  
Right On Your Doorstep.

**TV Times**

The Vantage symbol is a sure sign of success for any pharmacist who has retained his independence, yet at the same time enjoys the back-up of the U.K.'s most successful pharmaceutical group.

Vantage is all about providing you with retail packages and ideas to help you attract consumers to your pharmacy. It saves them making long shopping

trips for the day to day convenience items you because in the words of the Vantage slogan – Vantage is “right on price, right on your doorstep”. From product promotions to subsidised shop for Vantage members benefit from the groups’ strength.

A Vantage chemist reaps the benefits too of national T.V. advertising and press advertising campaigns. There’s lots more for Vantage members.



**we've got the symbol.**



...g the Vantage range of quality own label  
...s, the free special Vantage pricing kit and not  
...g Vantage staff overalls, prescription bags,  
...ring guides, the Vantage convention, special  
...arked promotions, internal and external box  
... etc.  
...Isn't it time you got the ultimate status  
... - Vantage.

**Vestric**  
***We're always there,  
we always care.***



## Beecham make a stylish addition

Beecham Toiletries are launching Bristows Style & Hold hairspray (175ml £1.19) designed for all hair types.

The dual-purpose hairspray styles hair when wet and holds it in control when it has dried, says the company.

"Today's hair fashions require a flexible styling agent to create them and a controlling agent that is capable of holding them firmly in place for a whole day," says Beecham Toiletries general manager, Mike Fensome. Styling mousses are said to be effective in a styling role, but lack holding power. And the conventional hairspray — which has the necessary holding power — tends to be limited in styling.

"Style & Hold overlaps two fast expanding hair-care sectors — hairsprays and styling mousses — which are



expected to turn over £96m and £33m, respectively, during 1986," adds Mr Fensome.

The hairspray comes in a 175ml aerosol can decorated with a sophisticated, young fashion-orientated surface design. *Beecham Proprietaries Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

## Charging up for Xmas...

Ever Ready are supporting their rechargeable battery range with a pre-Christmas Press advertising campaign.

The campaign has been scheduled for November and December to tie in with the seasonal sales peak. One third of battery purchases occur in the three months prior to Christmas, say Ever Ready.

Half-page advertisements will appear in Sunday supplement magazines and in *The Sun*, alerting readers to the fact that one Ever Ready rechargeable battery has over 500 lives, making it the perfect Christmas gift for heavy battery users.

*Ever Ready Ltd, Ever Ready House, 93 Burleigh Gardens, Southgate, London N14 5AN.*

Hanimex will take over distribution of Hamaphoto accessories from Introphoto. HAMA products will be handled by Hanimex accessories division. *Hanimex (UK) Ltd, Hanimex House, Dorcan, Swindon, Wilts SN3 5HW.*

# The hottest 'pick-up' line this winter!

**BODY WARMTH**  
**Mr:Hot**

## Handy pack for instant heat

Safe, convenient **Mr. Hot** will provide 20 hours of soothing warmth, whenever, wherever your customers need it.

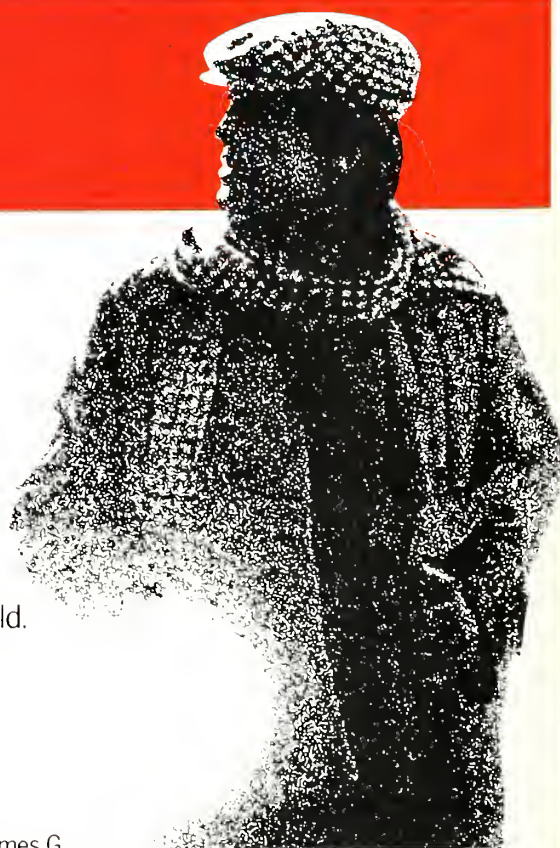
- **Mr. Hot** Relieves muscular aches and strains
- **Mr. Hot** Eases arthritic aches and strains
- **Mr. Hot** Gives extra body warmth for all outdoor or sporting activities, or for those at risk from the cold.

**Mr. Hot** sells himself from an eye-catching display outer containing 36 packs, each retailing at **59p**

David  
Anthony Pharmaceuticals  
Limited



Edwards Lane Speke Liverpool L24 9GH Tel: 051-486 7117 Telex: 629846 Hermes G



**Keep Mr. Hot on your counter — and pick up the profit!!**

# NEW. A PANTY LINER FROM LIBRA.



## A pack that speaks volumes.

Because we know your customers are asking for bigger packs, we've packed new Libra Panty Liners in 40s.

And when you hear that this new addition to the Libra range is being introduced at only 99p, you'll want to spread the news all over your shelves.



# EVANS

What on earth, you may wonder, have names like Haliborange, Dequadin and Mycil to do with Evans Medical?

Well, here's some welcome news. From now on all these famous OTC

brands are part of our portfolio.

And that means the unique Evans philosophy will now hold good for all these extra brands.

That philosophy enables you to buy



**ANETHAINE**  
itch soothing cream



# SENT

products, both generic and OTC,  
through wholesalers. So you can buy as much  
little as you want on a day to day basis  
without any worries about overstocking.  
It's all part of Evans commitment to help  
pharmacists make the most of his  
business. And that's why we'll be offering

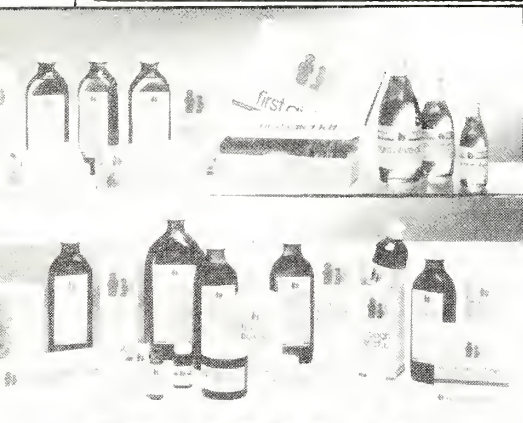
generous seasonal discounts on selected  
products, and giving our OTC brands  
extensive consumer advertising  
and effective P.O.S.

So from now on  
we're sure you'll have  
even better reason to say

*Thank*  
**Evans**  
A member of the Glaxo Group







## Vestric extend Family Health

Vestric are extending their Family Health range to over 60 products. Many previously "packed goods," including surgical spirit, eucalyptus oil, calamine lotion, bicarbonate of soda, will now wear the Family Health label.

Available to all Vestric customers, the uniform packaging will make the range easily recognisable on shelf, say Vestric. "Our extension is in direct response to research, indicating the customer's leaning towards the expertise provided by the pharmacist," says Alan Turner, Vestric's retail development manager. *Vestric Ltd, West Lane, Runcorn, Cheshire.*

## The naked nail

Original Additions have added oil free nail polish remover to the Elegant Touch range.

Available in a 150ml bottle (£0.99), the remover has been formulated for use with natural and artificial nails. *Original Additions (Beauty Products) Ltd, 12 Short Road, Chiswick, London W4 2QU.*

## Flashy gloves

During November and December packs of Marigold housegloves will contain a money-off coupon (valid until October 1986), offering 5p off Marigold light and 8p off Marigold extra and fleur. Packs carry a yellow flash and display outers (12s) highlight the details of the offer. *LRC Products Ltd, North Circular Road, London E4 8QA.*

## Yeast please

Phillips multivitamins, brewers' yeast, tonic yeast, iron tonic vitamin iron, aluzyme and travellers caps are now being distributed by *Newtons Laboratories, PO Box 789, 111 Wandsworth High Street, London SW18 4JB.*

## Christmas? It's Early Days yet

"Early Days" — the mother and baby magazine sponsored by Robinson's Baby Foods — is carrying a special Autumn offer of a photo album and "Merry Christmas" bib, for its readers.

The album, which holds 56 prints, is available with 15 proofs of purchase from Robinson's cereals or baby foods, and the bib for six proofs of purchase from Robinson's baby food 1.

Pharmacists who would like free copies of this magazine should contact: Deborah Wilson, *Robinson's Baby Foods, Carrow Works, Norwich, Norfolk NR1 2DD.*

## Nouvelle idea

Fort Sterling have introduced Nouvelle kitchen towels.

The towels are available in packs of two and retail at £0.79. They come in four different designs — verte, bleue, rouge and jaune. Consumer advertising will support the product in the New Year say, *Fort Sterling Ltd, Mansell Way, Horwich, Bolton BL6 6JL.*

## Contraceptives — a sterile area?

The contraceptives market is almost certainly at or around saturation level, concludes a recent Mintel report. There is likely to remain a core of 2 million or so non-users.

Mintel estimates that, in the UK, nearly 50 per cent of contraceptive users use the "pill," 1.8-2.6 per cent the cap or diaphragm, 14 per cent the coil, 30.6-54.8 per cent the sheath and 9.2 per cent natural methods (with dual usage in diaphragm and sheath groups). The report predicts that the "pill" and sheath will continue to dominate the market in future. Despite the relative revival in the sheath's popularity in recent years, Mintel believes it is "a rather cumbersome method" and is unlikely to make much further progress.

The fact that the "pill" market seems to be stabilising at about 3m users should not be taken to mean the potential is fully exhausted, the report continues. If and when reassurance can be given on harmful side effects, demand is capable of significant further growth.

The "truly dramatic" feature of the

market has been the increasing recourse to sterilisation. Department of Health statistics suggest that 1980 was a peak year for sterilisations, at about 200,000, and demand has since declined. Because sterilisation is permanent it is gradually reducing the total market potential for the non-permanent methods. *Mintel Market Intelligence, November 1985, £60 per copy, 7 Arundel Street, London WC2R 3DR.*

## A Pretty Clever touch...

Pretty Clever Products, a division of Kestrel Marketing and Promotions, has been established to market cosmetics with "something different."

The range includes eye lash conditioner (£3.99) and tooth whitener (£3.99).

Lips alive in stick (£2.75) or creme (£3.25) form controls lipstick bleeding at the lip edge and provides a base for a smooth lipstick coat, while kiss proof lipstick sealer (£3.49) can be applied over lipstick or gloss with the built-in brush to eliminate smudging on cups, or collars.

Egyptian Earth comes in a 16g container with a washable applicator at £7.95. Pretty Clever products for nails include a relaunch of Topsy Tips—the false nail tips (£3.95) which are contoured to fit the shape of natural nails.

To promote the launch the company are holding a series of demonstration evenings — details from *Pretty Clever Products, Unit 5, Padgate Business Centre, Green Lane, Padgate, Warrington.*



Pharmacist Jean Ringshaw is presented with a £1,000 cheque after winning first prize in the Bonjela prize draw. Doing the honours at Denne Pharmacy, 31 East Street, Horsham is Reckitt & Colman territory manager, Stuart Finn. Jean's winning display unit is pictured between them on the counter



# ACTIFED\* IS ON T.V. BUT IS ACTIFED ON DISPLAY?

Wellcome Consumer Division has pleasure in  
announcing the winner of our OCTOBER  
"Free Display Draw": Mr Stanley Picken of Tunstall

who joins our JULY WINNER  
John Wilson of Dalbeattie

and our SEPTEMBER WINNER  
Graham Shawcross  
of Birmingham

These winners can  
now take their prize of  
2 weeks for two in Florida  
plus £500 spending money.

**REMINDER**

IS YOUR PHARMACY ELIGIBLE  
FOR THIS MONTH'S DRAW?

Actifed POS material has to be on prominent display  
when your premises are visited following the draw.

Entry forms, shelf strips and showcards  
are available from Sue Dawe.



**Wellcome**

Wellcome Consumer Division,  
The Wellcome Foundation Ltd.,  
Crewe Hall, Crewe, Cheshire.  
Tel.: 0270 583151

\*Trade Mark





The potencies of diuretic agents can be predicted from their sites of action. Thus loop diuretics, acting where larger amounts of sodium are reabsorbed, are more potent than the thiazides. Table 1 summarises the relative effects. In general terms, the thiazides take longer to act than the loop diuretics, and the diuresis persists for considerably longer.

Consideration of these properties is important in deciding which drug is most suitable for the treatment of specific diseases and individual patients. The uses of some special diuretics are summarised in Table 2, while the more common uses are discussed below.

### Hypertension

Thiazide diuretics are widely, almost universally, used for the control of high blood pressure. They may be effective alone and also potentiate other agents. However, some clinicians feel the incidence of adverse reactions is unacceptably high and are using diuretics less enthusiastically. Although in the 1981 MRC trial into mild and moderate hypertension there were some 17 and 13 per cent male and female withdrawals respectively (5 per cent on placebo), relatively high doses of bendrofluazide — 10mg daily — were used, so it remains to be established whether the adverse effects reported are significant at the lower doses commonly used in hypertension.

The antihypertensive effect is probably due to a combination of the initial reduction in plasma volume, leading to a fall in cardiac output, and a subsequent persistent peripheral vasodilation. In terms of activity there is little to choose between the thiazides, though the cost of treatment varies considerably. Chlorthalidone, closely related to the thiazides, has a long duration of action and so may be given on alternate days. It has further advantages in that it produces less alteration in the normal pattern of micturition, and so may be better tolerated, especially by elderly patients, and it is less likely to produce acute retention in men with prostatic enlargement.

Xipamide and indapamide are new agents, related to chlorthalidone. The former is more potent than the thiazides, with a potency similar to frusemide, though it has a smoother, less abrupt onset of action and a longer duration of effect. Indapamide is licensed only as an anti-hypertensive agent, though it does produce a diuresis in doses larger than those recommended for hypertension (2.5mg daily), and has a 24 hour duration of action. Indapamide appears to have fewer adverse reactions than the thiazides.

The thiazides and related agents have a flat dose response curve for their antihypertensive effect — increasing the

# Diuretics: Uses and adverse reactions

**In this second, and concluding part of his article on diuretics, Dr Norman Harris, emeritus reader at the Chelsea department of pharmacy, King's College, London, discusses the common and not so common uses of this group of drugs, and puts the reported adverse reactions into perspective.**

dose does not give a commensurate response — so there is no benefit in giving doses above the recommended range. Doses equivalent to 2.5 to 5mg bendrofluazide daily are usually adequate. If higher doses are given, the effect is to increase diuresis and adverse reactions without further reducing blood pressure. At low doses, the diuretic effect usually diminishes and may be lost completely, though the anti-hypertensive effect remains.

Hypotensive effect is therefore not related to diuretic potency and there is no evidence that the more potent thiazides and the loop diuretics have any advantage in the routine treatment of hypertension. Further, a rapid onset of micturition and an intense diuresis is often undesirable in elderly patients, who may consequently be made incontinent.

Spironolactone and the potassium sparing diuretics will also reduce blood pressure, though not by a vasodilator effect. They are used principally in conjunction with a thiazide to prevent excessive potassium loss.

There is a rapid onset of hypotensive action with the thiazides, some effect being observable after 24 hours, but the maximum effect is achieved after two weeks. Thiazides alone cause blood pressure to fall by about 10 per cent, though this varies markedly

between patients, some showing a dramatic response, eg falls of 60/30 mmHg (systolic/diastolic). When added to a  $\beta$ -blocker, falls of about 12 per cent can be expected. If combination therapy fails, the addition of spironolactone or the substitution of a loop diuretic may produce a response.

### Oedema

Accumulation of interstitial fluid impairs venous circulation and nutrition, and oxygenation of cells and tissues. The consequences are varied, depending on the tissues involved, and include predisposition to ulceration, infection and impaired respiratory and cardiac function. The last of these will, in turn, lead to further circulatory impairment and so to reduced renal and hepatic function.

In congestive heart failure (CHF), problems occur due to poor peripheral blood flow and this leads, in particular, to poor renal circulation. The latter often causes hyperaldosteronism, due to activation of the renin-angiotensin system. Some benefit is derived from bedrest and restriction of sodium intake, but most patients are maintained with diuretics. It is logical to use spironolactone with another diuretic, minimising potassium loss and counteracting any hyperaldosteronism. The diuretic may be a thiazide or a loop diuretic, depending on the severity of the CHF and the patient's response.

If the oedema is resistant to therapy, a high oral dose (or intravenous use) of a loop diuretic may be necessary, possibly combined with a thiazide, since the two act at different sites. Such an approach must be used with care, since the effects may be dramatic, with rapid electrolyte and fluid depletion further compromising the circulation and aggravating heart failure. An alternative approach is to use an angiotensin converting enzyme (ACE) inhibitor — captopril or enalapril — which acts by reducing both peripheral resistance and sodium retention, improving the blood flow and reducing cardiac stress.

Digoxin will be required if atrial fibrillation occurs. Although this drug has been extensively used for its inotropic action (increasing the force of contraction of the heart), this property diminishes over a few weeks. In view of its toxicity, digoxin is not now favoured for the long term treatment of heart failure uncomplicated by arrhythmias, though it may be useful in an acute situation.

Some 20 per cent of elderly patients take diuretics. However, many sedentary or disabled patients have dependent oedema — ankle oedema due to impaired venous return from the legs. Diuretics have no effect on this type of oedema and should not be used. Good control is achieved with one-way stretch elastic stockings or bandages

*continued on p910*

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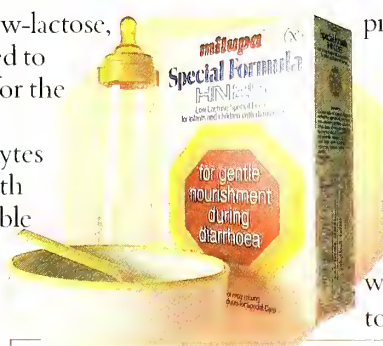


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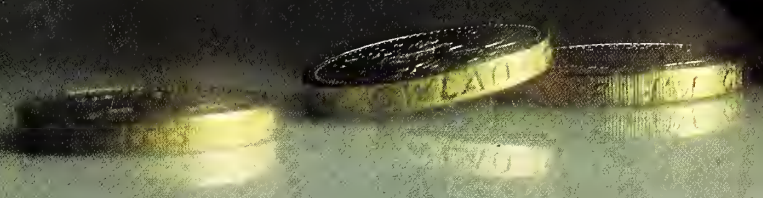
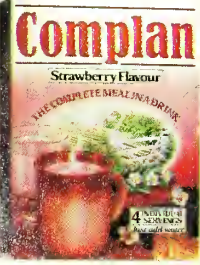
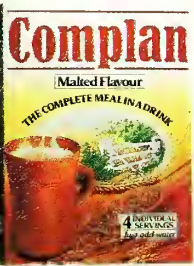
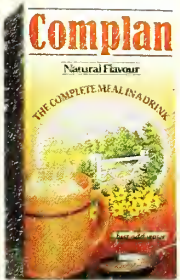
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and any diuretic can then be stopped. Although there may be a transient worsening of the oedema, this should settle within a week.

Acute left ventricular failure, as may occur in myocardial infarction, leads to *pulmonary oedema*, with a sudden deterioration in respiratory function. This must be reversed urgently, parenteral morphine, oxygen and intravenous loop diuretics being the treatments of choice. There is immediate benefit, probably due to venodilatation and the consequent improvement in cardiac function causing reduced pulmonary venous pressure. The reduction in blood volume which follows also helps.

In the hospital situation, intravenous vasodilators may also be used. Once the immediate danger is removed, the underlying cause must be treated, but many patients require diuretics in either the short or long term; combinations of a loop diuretic with a potassium sparing agent are preferred.

*Renal disease* may produce oedema due to excessive protein loss (nephrotic syndrome) or to salt and fluid retention (renal failure). Provided renal and cardiovascular functions are not grossly impaired, diuretics will mobilise the fluid, but if the GFR is below 20ml per minute loop diuretics or metolazone are required, since other thiazides are ineffective at low GFRs. However, over-enthusiastic use of diuretics may compromise the circulation by causing an excessive reduction in blood volume. In *oliguria*, very high doses of loop diuretics may be used — frusemide, 2g six hourly; bumetanide, 8mg per day; ethacrynic acid, 400mg per day — but there is a risk of hearing damage. Although potassium sparing agents are contraindicated in *oliguria*, since potassium retention is a problem, they may be needed in polyuric renal failure. In severe *oliguria* or *anuria*, diuretics are inappropriate and dialysis is indicated.

*Chronic hepatic disease*, usually alcoholic cirrhosis, but sometimes due to

chronic hepatitis or to obstruction of the hepatic vein, leads to the formation of *ascites*, ie peritoneal oedema. The associated hyperaldosteronism, hypoproteinaemia and high portal venous pressure combine to create considerable problems in management. Salt restriction and spironolactone form the first line treatment, but loop diuretics may be needed if the response is inadequate. However, treatment should be cautious, since electrolyte imbalance and encephalopathy may result. The aim should be to produce a weight loss of 0.5 to 1.0kg per day. Fluid restriction and the intravenous infusion of "salt free" albumin may be needed. Maintenance loop diuretics are usually necessary.

### Diabetes insipidus

The antidiuretic use of thiazides in this condition has already been mentioned. Long acting drugs are preferred. Some patients prefer oral diuretic treatment to the use of pituitary hormone.

### Calcium and magnesium excretion

As has been noted, thiazides cause a marked reduction in calcium excretion, and this has been widely used to control the recurrent formation of renal calculi. Alternatively, this may be reduced by treatment with isotonic saline and high dose loop diuretics, together with potassium supplementation and careful attention to serum electrolyte levels. Steroids may help some patients and attention should be directed to the correction of any underlying disease state, if possible. Hypermagnesaemia may also be reduced with IV fluids and loop diuretics.

### Gynaecological uses

Diuretics should not be used for the treatment of hypertension, leg oedema or carpal tunnel syndrome in pregnancy, since they may cause intra-uterine growth retardation and neonatal thrombocytopenia. However, cardiac and renal failure may necessitate diuretics, but management needs expert supervision.

*Pre-menstrual syndrome*: Although widely used, the evidence in favour of diuretics in this condition is equivocal. However, relief of the bloated feeling may give a subjective (placebo?) improvement. Spironolactone is the drug of choice, since the renin-angiotensin system may be involved, and it does not cause secondary hyperaldosteronism. Cyclical mastitis does not respond to diuretics, but oral contraceptives may help.

### Adverse reactions and interactions

Side effects may cause about one person in seven to discontinue treatment. Common interactions are the potentiation of digoxin toxicity by hypokalaemia and antagonism of the diuretic effect by non-steroidal anti-inflammatory drugs. The potentiation of the action of other hypotensive agents is made use of in the treatment of hypertension, but particular care is needed when vasodilators are used. Important toxic interactions may occur with aminoglycoside antibiotics (ototoxicity), some cephalosporins (nephrotoxicity) and lithium.

Low blood sodium levels (*hyponatraemia*) and volume depletion may occur, especially if salt intake has been restricted and diuretic use excessive. This may lead to *postural hypotension*, especially in elderly patients, and to a fall in GFR and hypokalaemia. Dilutional hyponatraemia may also occur with hypokalaemia and metabolic alkalosis, associated with increased ADH levels and hypervolaemia. This requires diuretic withdrawal, potassium replacement and, possibly, fluid restriction.

The occurrence and importance of hypokalaemia has been over-emphasised. When it occurs it is usually mild, and levels requiring correction, ie less than 3 mmol/L occur in 4 to 7 per cent of patients treated with thiazides and in only 0.2 per cent of those treated with frusemide. Such levels are commoner in women. It is possible that hypomagnesaemia and hyperuricaemia may underlie many of the adverse cardiac effects usually ascribed to potassium depletion.

The best approach is to use a potassium sparing diuretic or combination from the outset, provided renal function is adequate. Alternatively, intermittent diuretic therapy may be used or the dietary intake of potassium increased. It has recently been shown that hypokalaemia may be reversed completely by adding an ACE inhibitor to thiazide therapy.

The use of potassium supplements is of doubtful value, since most products contain 12 mmol or less and doses up to 64 mmol per day are ineffective in some patients. The widespread use of a diuretic combined with potassium as a single morning dose, can

continued on p912

Chemist & Druggist 16 November 1985

**Table 1: The effects of diuretics on the peak excretion rate and composition of urine\***

Type of diuretic	Peak urine excretion rate <sup>o</sup>	Concentration of †			
		Na <sup>+</sup>	K <sup>+</sup>	Cl <sup>-</sup>	HCO <sub>3</sub> <sup>-</sup>
Thiazides	3	3.0	1.7	2.5	25.0
Loop	8	2.8	0.7	2.6	1.0
Osmotic	10	1.8	1.0	1.8	4.0
Mercurial	7	3.0	0.5	2.7	1.0
Acetazolamide	3	1.4	4.0	0.3	120.0
Potassium sparing	2.5	2.6	0.3	1.8	15.0
Aminophylline	3	3.0	1.0	2.7	1.0

\* All values given in this table are relative to normal = 1.0 in each case and values are approximate only, since there is considerable variation between individuals.

The peak excretion rate is an indicator of relative potency, but does not indicate the 24 hour urine output. The latter is a function of excretion rate and duration of action.

† Total excretion rates are a product of the concentration and volume of urine produced, eg if a loop diuretic causes double the normal 24 hour urine volume, there will be a 40 per cent,  $((2 \times 0.7) - 1) \times 100\%$ , increase in potassium excretion.



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have little benefit and has been described as "nonsensical" by one authority. Further, if the heart is greatly enlarged, due to generalised failure or mitral valve disease, for example, it may partially obstruct the oesophagus, interfering with the normal passage of tablets or capsules. Large tablets such as potassium supplements can cause oesophageal ulceration unless they are washed down with adequate water; six deaths have been reported.

The long term use of high doses of thiazides impairs the control of established diabetes, though this is often slowly reversible if diuretic treatment is stopped. The use of low doses, with avoidance of electrolyte disturbance, is unlikely to lead to symptomatic diabetes or to impaired diabetic control. Since poor glucose tolerance increases the risk of coronary artery disease and death, incautious diuretic use may negate some of the benefits of treatment.

**Gout:** Symptoms occur in only 2 per cent of patients treated with long term thiazides, though many more have raised blood urate levels. If an attack occurs, the diuretic should be stopped and anti-inflammatory agents used. If continued diuretic therapy is felt to be essential, allopurinol may be used to control the hyperuricaemia once the acute phase has passed.

**Sexual problems:** The 1981 MRC trial revealed a significant incidence of male impotence in patients taking relatively high doses of bendrofluazide (10mg daily). This is a noteworthy cause of non-compliance.

### Diuretics in the elderly

Reduced cardiac and renal function and rising blood pressure accompany ageing, so the elderly are the largest patient group using diuretics.

Heart failure is often precipitated by infection, anaemia, cardiac arrhythmias or fluid retention due to non-steroidal anti-inflammatories. Diuretics may not be required once the underlying problem has been corrected.

There may be no need to treat hypertension, unless severe or, rarely, producing symptoms, since the risks of treatment may outweigh those of the disease. When treatment is considered desirable, the objective should be more modest than with younger patients and a blood pressure of 180/100 mmHg is a reasonable target.

Potassium loss is not usually important unless the patient has arrhythmias, ischaemic heart disease or is taking digoxin. Additional risk factors, such as a poor dietary intake, excessive loss due to laxative abuse, and concurrent medication with steroids or carbenoxolone may need to be

considered. Careful use of a thiazide/potassium sparing combination is most suitable, since potassium supplements are often ineffective due to inadequate dosage or non-compliance. Hyperkalaemia is a possibility, especially if an ACE inhibitor or trilostane is being taken.

### Conclusion

The development of modern diuretics has revolutionised the treatment of many previously intractable diseases and has markedly improved the quality of life for large numbers of patients, especially the elderly. However, as with all drugs, they need to be used with discrimination if maximum benefits are to be derived without undue adverse reactions.

*A list of references used in compiling this article is available from the Editor.*

**Table 2: The uses of some special diuretics**

Drug	Applications	Dose	Comments
<b>Mannitol</b>	Oliguric renal failure. Prophylaxis of renal failure in cardiovascular and other surgery and following trauma. Reduction of cerebral oedema and raised intracranial pressure in neurosurgery. Reduction of intra-ocular pressure in acute glaucoma before surgery. Forced diuresis in poisoning.	By IV infusion, 50 to 200g/24 hr, adjusted to give a urine output of 30 to 50 ml/hr.	Careful monitoring of fluid balance and electrolytes is necessary. More concentrated solutions are super-saturated and may need warming before use to dissolve any crystals. A test dose should be given in oliguria to ensure that a response occurs. Contraindicated in congestive heart failure and pulmonary oedema.
<b>Urea</b>	As mannitol	By IV infusion, 1.5/Kg daily in dextrose.	Largely replaced by mannitol.
<b>Acetazolamide, dichlorphenamide</b>	Reduction of intra-ocular pressure in glaucoma.	250mg to 1g, in two doses daily.	Used as adjuncts to eye drops, especially if $\beta$ -blockers are contraindicated, ie in asthma, bradycardia and heart failure or if taking anti-arrhythmics, eg verapamil. There is a moderate incidence of side effects, notably appetite suppression, drowsiness, depression, and abnormalities of sensation: all are more common in the elderly.
<b>Mersalyl</b>	Rarely used nowadays: superceded by loop diuretics. May be useful if a rapid diuresis is required in hyperglycaemia or hyperuricaemia. May be tried when other diuretics have failed.	By deep IM injection, 0.5 to 2.0ml of a 10 per cent w/v solution on alternate days, or less frequently.	A test dose should be given to assess patient tolerance. Use with care in patients with cardiac problems and colitis, or who are taking digoxin. Do not use if renal function is impaired. Persistent use may cause hypochloreaemic alkalosis and loss of effect. Not for IV use, which may cause severe shock and sudden death.





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## No relaxation on rigid advertising standards

**Despite agreement among practising pharmacists, legal arguments and regional differences in the code of conduct, a case in which a pharmacist was fined around £1,500 for breaking the rules has signalled no relaxation in rigid advertising restrictions.**

The offending material consisted of 3in by 4in advertisements in local newspapers and a four-page handout distributed in the street outside the pharmacy under the emblem of "Good day pharmacies" — an association formed to increase pharmacists' market share.

The adverts pointed out that prices for "P" and "POM" medicines are set by law and are thus the same in all pharmacies, but then gave the prices of three types of baby food and some denture cleansing tablets from the range of non-fixed items.

The name of the pharmacy was printed at the bottom, with details of its opening hours.

These adverts, which appeared weekly for two years, were judged excessive and blatant. Even the name of the trading group was considered to contravene the code as it suggested that member pharmacies offered a friendlier service than others! The banner slogan on the handouts "We care for your health. Always" was also deemed unacceptably loud and the emblem — an "A" widely associated with German pharmacy, but decorated to form a sun-soaked chalet — was found totally incomprehensible.

It was felt that the underlying impression given by the handouts was of conspicuous profit-seeking on the part of the pharmacy, capable of bringing the profession into disrepute.



## Medicines surveyed

**According to a study by the Federation of EEC Consumer Associations (BEUC) of the 84 most common medicines in Belgium, France, Germany, Italy, UK and Ireland, prices are cheapest in France and highest in Germany, followed by Holland and the UK.**

In criticising the EEC for not having a joint drugs policy, BEUC point out the

drugs market varies enormously in member states, with around 40,000 preparations in Germany and less than 3,000 in Denmark. It recognises that despite its wish for the quickest possible harmonisation, a sudden removal of national barriers would be dangerous.

While the EEC Commission strives to obtain mutual recognition of drugs within the EEC, BEUC is calling for the establishment of a European Licensing Authority — a step strongly resisted by the drugs industry. BEUC also aims for the provision of objective information on drug products to consumers and doctors, and the banning of drug adverts on radio, television and in the cinema.



## Drug tests on TV

**Disturbing allegations were made in a recent "Panorama" type peak-time television programme, concerning the conduct of drug testing in humans.**

The programme — "Side effects harmless" — interviewed several young "professional pill-pushers," who apparently hawk themselves from one drug testing institution to another, making a living from the money they receive for acting as human guinea-pigs. Alarming tales were told of subjects secretly

participating in several different tests at once, with almost incalculable effects on the test results.

Some of the volunteers said they recognised the risks they were taking with their own health and in an attempt to protect it, merely took only half the tablets directed in the test protocol. Another subject secretly rubbed off the cortisone ointment being tested to avoid unpleasant side effects.

Firms were accused of "doctoring" results and of only submitting studies favourable to their products to an overworked and allegedly understaffed licensing authority, whose spokesman retorted that such results were easy to spot and discount.

By inferring in the programme that the

analysis of drug safety was based on poorly supervised tests in totally unreliable volunteers the reporters provided further ammunition against the beleaguered drug industry. It was not given the opportunity to reply to the accusation that many tests were aimed at obtaining figures for advertising purposes rather than increasing scientific knowledge.



## Ginseng slammed

**Some 23 products said to contain ginseng, including those made by Pharmaton, Roter and Panax, were the latest pharmaceutical items to come under scrutiny by Test — the magazine equivalent to the Consumers Association's Which?**

The report concluded that much remains dubious about the efficacy of ginseng and that some of the advertising claims were misleading and excessive. Only one producer (Pharmaton) complied with the request for scientific evidence of efficacy, but much to this company's subsequent anger, their results were disregarded in a blanket condemnation of all ginseng preparations.

In the majority of the preparations tested, only relatively low amounts of ginsenosides — the supposedly effective constituents — were found and some contained virtually none at all. Roter ginseng extract, by far the most expensive product, contained up to 100 times more ginsenoside than some of the others.

Whether the Test verdict will affect the large market for the asiatic panacea, which in pharmacies alone was worth over £3m in 1984, remains to be seen. Consumers were advised to buy a product containing noteworthy amounts of ginsenoside, but not to assume that the more they took, the better the results.



## New face at the top

**In a surprise move, a woman professor of education, with no experience in health matters, has been appointed as Minister for Youth, Family and Health.**

She is the second cabinet minister not to be an MP and apart from her academic work, her public interests have so far centered around catholic organisations





dealing with marriage and the family. She appears anxious to make up for her apparent lack of knowledge in the pharmaceutical field and is to speak at the forthcoming Annual Conference of Pharmacists in Berlin.

She says she regards her job as not merely involved with narrow medical aspects of health, but with moral and social welfare as well. Measures to combat AIDS, consumer protection in the food sector and the revision of the Medicines Act were her top priorities.



## German AIDS

About half of all AIDS cases in Europe have arisen in West Germany, where 95 deaths have occurred and currently some 230 people, including 12 women and two children, are suffering from it.

As public anxiety over AIDS mounts,

more regions are setting up telephone information lines, offering free blood tests and distributing leaflets. From next year all servicemen are to be screened, and in April of this year the Government directed that all blood donors should be tested. In Berlin, the city with the highest incidence of AIDS, self-help groups have been started by victims.

AIDS has not yet been designated a notifiable disease, as it is felt that this might prevent possible victims coming forward for investigation. Experts expect the number of cases to double every eight to ten months until measures to combat the spread of the disease take effect.

The Federal Ministry of Health recently published three leaflets for those treating and counselling AIDS patients, to people who wish to have a blood test and to those in whom antibodies to the virus have been found. The Health Insurance Schemes are treating AIDS like any other disease where the costs of diagnosis and therapy are high, and medical practices have been assured that any abnormally high expenditure due to AIDS patients will be accepted.



## No Porsches allowable

Pharmacists were warned against buying luxury high performance sports cars "for business use" by a leading accountant, following cases in which the German Inland Revenue baulked at allowing the full cost of a Ferrari to be tax deductible.

The ceiling, judging by a recent instance of a consultant's Mercedes 500SE, currently seems to be around £12,500. One suggested way round the problem for lovers of fast cars is to buy them secondhand and thus keep below the limit, or to stick to less sporty models.

These reports come from a correspondent with acknowledgements to the German pharmaceutical Press: *Deutsche Apotheker Zeitung* and *Pharmazeutische Zeitung*.

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Stephen Lippiatt, MPS, Glade Pharmacy, Bordon, Hants.

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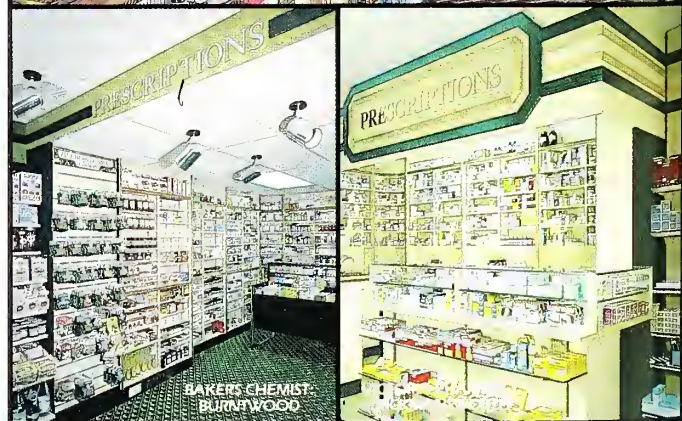
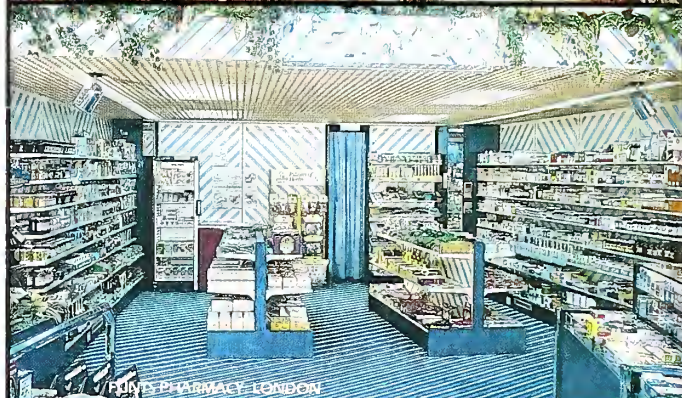
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## Along the road to a new look

With three other new shops recently opened and more planned for the future, Clark Care are always interested in extending lines as well as premises. Their Rainham store includes a wool department, cards, toys and books as well as the baby products and underwear which were already established lines. "We can't understand why other pharmacies shouldn't be able to do these," says director Derry O'Donoghue. "But the average one-man pharmacy hasn't got the time to go out and buy, and experiment. This is where wholesalers could be far more help, offering a wider variety of goods. Though I must say a niche should be applauded for starting to move into more extensive ranges, particularly baby products."

### Get it together

Faced with the task of shifting and extending the business of a 900 sq ft pharmacy to a 6,000 sq ft site, Clark Care turned to a man who had already helped them in the past. Mike Gray is an independent shopfitting consultant who also works with FN, using their Showrax shelving. He, in his own words, "pulls all the operations together."

Says Mr Gray: "So often, the poor retailer has to deal with seven or eight people, each doing individual tasks. One will talk in metres, another in feet, everything will be confused and the retailer won't know where he is. I can bring all these things together." The directors agree, urging small retail pharmacists to turn to the consultant — "It saves endless hassles. He can handle every aspect of getting a new shop off the ground." And John Walters, who handles much of Clark Care's buying, sees an easy answer to the problem of finding an unknown fitter: "Check down the

**"A quantum leap forward" is how Clark Care's directors describe moving their Rainham shop to a site six times bigger. The new shop — the biggest of Clark Care's 12 pharmacies — is in Rainham's shopping precinct, and only just down the road from the original site.**

line, go back to the last couple of clients and they'll tell you what's what."

With the new Rainham site described as the turnkey of Clark Care's operations, Mr Gray had a greater involvement than ever before. Faced with turning four walls and a ceiling into a successful and attractive shop, where do you start? "In a way it's easier starting from scratch," says Mr Gray. "You're in control — you can plan everything as you go through." He and the directors sat down for a day to work out the basic linear footage. "This might change as, for instance, pack sizes change, and so on — but it forms a basis for the work."

One fixed decision from the word go was to have a raised dispensary at the back of the shop, opposite the doors. This was partly governed by the constraints of the building itself. But it was also a deliberate move on Clark Care's part to ensure that the pharmacist could see and be seen, and held some control over the shop. "Our first consideration is getting the pharmacy service right. And there's a far more professional atmosphere round the dispensary than there would be in a smaller shop."

But before putting these ideas into practice, Mike Gray had to sort out the more basic logistics. After obtaining planning permission his task was to invite estimates

from a variety of services. "It's not the easiest thing in the world to get prices." One of the most interesting features of the shop, he feels, is the air-conditioning. This uses hot pumps, costing £28,000. But he says the running costs are much cheaper than most. The system is hidden in the ceiling, which is set with diffused lights.

The shopfront was another area where ideas were already quite firm. "We looked at other shops to get ideas," says John Walters. "We knew we wanted doors wide enough for prams, pushchairs and so on." Two double doors form the entrance and exit. A wheelchair ramp leads up to the shop, and there are wide, spacious aisles. This brings immediate advantages, according to manageress Mrs Anne Woodley: "One woman in a wheelchair who hadn't been out for two years came here twice in a row."

### The gentle touch

And the children seem far better behaved — either because there's more to occupy them here, or because their mothers can bring them in their pushchairs."

The front area of the store has a pitched ceiling, and to retain an open, airy image this has been painted white, with hanging plants in green and purple fitting in with the main colour schemes. The plants, and a sound system for background music and special offer announcements, are designed to create "a nice, soft atmosphere where people will enjoy shopping and want to stay." Cards, books and toys are set out towards the front of the shop so that, "as people come in — many just for scripts — things will take their interest, and by avoiding a straight, geometric layout we can funnel them out into the rest of the store." Six cash points are placed around the shop, to avoid the problem of customers wandering



about to pay for their goods. And each till is linked up to the dispensary with a buzzer — though this is one area which might be changed, as the workings of the store become clear. "We need to centre the system somewhere else," say Clark Care. "But we can adapt it. That's one of its strengths. With the changing face of retailing, all shopfitting needs to be flexible within the basic confines."

Each section of the shop has been given its own identity with variations on the shopfitting theme. A cream and brown Dutch blind highlights hair care, and cosmetics are centred around a central cash point. Cosmetics are not the strongest area for Clark Care and the till, with a circular counter display, saves wall space.

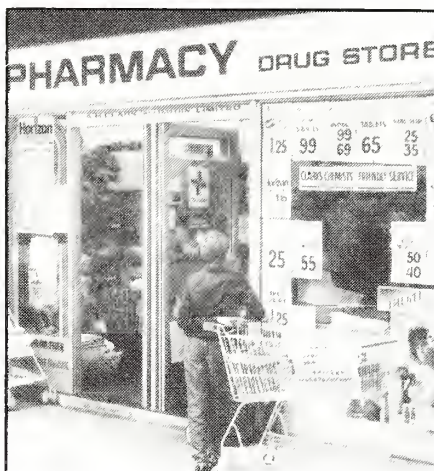
## Woolly ways

"Also, the social background of the area has to be looked into," says Mr Gray. "The West End type of glass display case can alienate the customer. You can overdo it." John Walters agrees: "It's the budget products that sell best. The smaller, independent chemist can lose more money in cosmetics than in any other way."

The wool section, one of the store's main interest features, uses wall-to-wall glass cubes — "They give visibility, flexibility, and they're tight and clean" says Mr Gray. With its own specialised staff and cash point, this follows through the idea of departmentalising every different section.

A green illuminated canopy fascia runs along one wall to the dispensary, and to the wool section on the other side. The green stripe is carried on in back panels, with cream and green used for counters. Carpet tiles are a mix of cream and brown. "Shopfitting equipment should be bland," says Mr Gray, "to let the product colours stand out. But it's nice to have some theme — and bright green gives a clean, cool appearance."

Within the dispensary itself there is space for computers, a security monitor, a



Clark Care's original Rainham site, outside (top) and inside (above); and the new look (below) with the view from the dispensary (right).

telephone and a tablet counter. "After all, a dispensary these days is also a mission control, a security area and an office." Nearby is a seating area. And the back of the site is partitioned off to give storage space, and house the office and staff room.

Running along the shop's left hand side is a large baby section — "I've never seen a better laid out section anywhere," is Mr O'Donoghue's verdict. In the opposite corner from the dispensary, an expanded

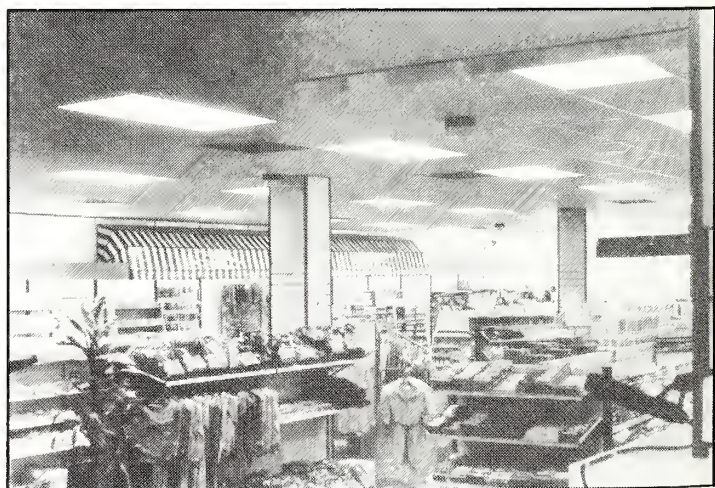
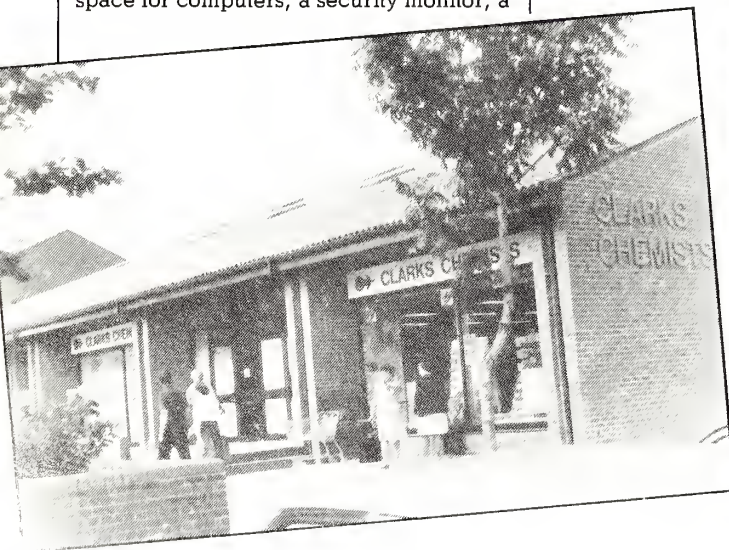
photography section. This positioning satisfies Mrs Woodley, who remembers the disadvantages of a successful sector in the last shop: "We did terrific photography trade over there. But it really held things up. Everyone was queueing for something different, and that was annoying to them. Now every queue is for a specialised area, and that's not so bad. People know they're waiting for specialised service."

The new shop has retained many of its old customers — and attracted more. "We just outgrew the other shop," says director Reynold McKnight. "It was becoming an impossibility, for customers and staff." Now the directors feel that goods are better displayed and people are buying more. "Here, special offers are placed to much more advantage. The site position is good with car park access. And our turnover here is £1m plus." They intend to carry on a supply service for other pharmacists — and new lines create new interest.

Head pharmacist Neil Sinclair now has an assistant pharmacist working with him. With the original site shutting on a Saturday night and the new shop opening on the Monday, he had the problem of swapping dispensaries practically overnight. Space is one of the main bonuses of the new dispensary — previously it was also the main unloading area. Mr Sinclair's one misgiving is about increased isolation from the main body of the shop. "But we know 90 per cent of the people, and the preventative security is better; and, of course, before we couldn't adequately display what we had."

Mrs Woodley judges the new shop's success from her contact with the customers. "I listen to them, and they'll stay in here for an hour. Before, they might look in, think 'It's too busy' and go somewhere else. Now it's a pleasure to shop here and browse around."

As the Clark Care directors say, "We can only go by customer reaction. And that reaction has been: 'This is just what Rainham needed'."





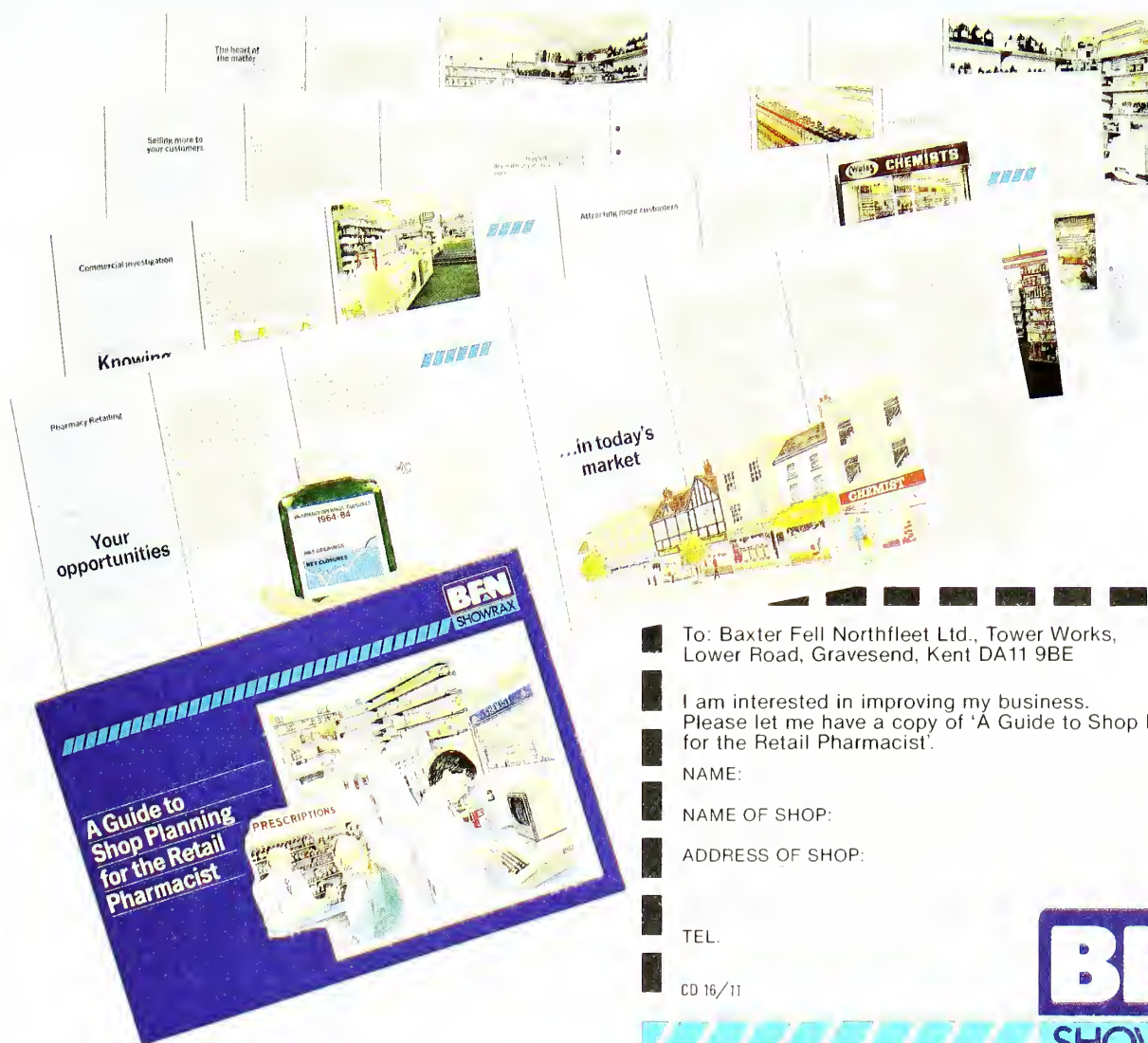
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## The pharmacy with a laundered look

**A**n example they give is a recent assignment to redesign Parklands Chemist in Newcastle. "The most basic weakness of the site was that, occupying two separate units next to each other, it lacked design unity". The pharmacy had built its product range according to local community needs and included a laundry and a video library. This meant another obstacle for Dollar Rae: finding a logical pattern for such varied departments.

To give the sense of "one shop", one of the doors was shifted, giving a common entrance point. And part of a dividing wall was taken away, so that two large openings were provided instead of just one. Personalised carpeting and a suspended ceiling with light fittings were added to give a sense of continuity.

Then came the merchandise, and, say Dollar Rae, this was to be "radically different". Two main divisions were created: the "internal" section for health and medical care; and the "external" for beauty aspects. Now one unit, previously separate, holds a bigger dispensary at the back of the shop with medicines, baby care, health foods,

**Every pharmacy refit brings a new set of problems and challenges, say Dollar Rae. But each one also brings lessons for other pharmacists to learn.**

wine making and pet foods running along from this focus. More space is given now to cosmetics, toiletries, skin and hair care and perfumes. Dollar Rae claim this new-look area contributes much to the 30 per cent rise in turnover which followed the refit. "The greater space resulted in a much more attractive presentation of a wider range of upmarket products. And the space lets customers browse and select in a relaxed atmosphere".

The more unusual departments have been kept, though separated, from the rest of the pharmacy. A video section, walled off from the beauty area, has a new entrance which "keeps it discreetly away." The premises were occupied on condition that the laundry service be kept on. And this area is now tucked away at the back of the shop.

### A fitting guide for pharmacists

**A** booklet from BFN Showrax is designed to take pharmacists through the shopfitting world with ideas and information.

Called "A guide to shop planning for the retail pharmacist", the booklet is "invaluable to independent pharmacists who are keen to progress and expand", say BFN. Their recently appointed marketing manager, Steve Mason, hopes it will help independents exploit their opportunities on the High Street. "While we recognise the pressures

this sector has been facing in recent years, we believe these are now far outweighed by positive advantages on the pharmacist's side," he says. "With the right approach, there is — and always will be — a particularly exciting future for the independent pharmacy".

Among issues discussed are "Knowing your market", effective layout, planning the dispensary and shop planning in action. Free copies are available from *BFN Showrax, Tower Works, Gravesend, Kent.*

Dollar Rae's view is that the refit has given a new, unified Parklands Chemist with a much more powerful and distinctive image. "It has much stronger customer impact and greater visual prominence in the eyes of the community. "The product presentation has not only been vastly improved, but is now much more rational and, with prominent signage, more easily and clearly identifiable".

## It takes one to know one...

**W**e think the pharmacist might just know what's best for him," say Myers Pharmacies, "and we have a highly experienced pharmacist advising and assisting us — to give a genuine understanding of the customer's needs".

After researching via the DHSS and NHS, the company turned to John Peattie, a pharmaceutical services consultant who also advises BUPA hospitals, and is assistant secretary to the Association of Pharmaceutical Officers. "He keeps us well informed as to changes in the pharmacists' way of life, and consults with them in the High Street and the hospital".

Myers feel the pharmacist should "come out from the back", to meet the public and increase communication between buyer and seller. But alongside this is a need for privacy and quiet in consultation areas. Myers, who gave their views on Thames Television news during Chemex, believe this "reflects a fundamental need for the patient." They say separate consultation areas are a vital step forward for the pharmacist to maximise the effectiveness of his job. *Myers Pharmacies, 229 Green Lane, Ilford, Essex IG1 1XR.*



# A new glow

The North Yorkshire town's NHS centre had become too cramped for its 11 doctors, and six of them decided to buy their own site. They picked on an empty fire station, put up for sale after the County Council built a new one. Here — half a mile out of the town centre — they set up a surgery, which opened this year. But patients complained that they had to walk to town to get their scripts dispensed. So Richard Spink was asked to start a pharmacy what had been the station's boilerhouse and fuel store.

During the three months of conversion Mr Spink went to the Norchem exhibition and, says John Speight of Mason Nordia, "he threw a plan on the table and said: 'I'm opening a new dispensary. Can you do a complete design?' Naturally we said yes!" This was not a normal assignment. The pharmacy is a dispensary/OTC only shop, and being right next to six doctors, deals with a substantial number of scripts. "We had to calculate how best to use the small space available to carry enough stock and

Pharmacist Richard Spink owes his new shop in Beverley to an overcrowded health centre, an old fire station, and Mason Nordia shop-fitters.


still make the dispensary easy to work in," says Mr Speight. Mason Nordia were not the only fitters in the running but they won the pitch because, says Mr Spink, "I wanted a shop that exuded professionalism and their design looked just right".

The shop's main feature is a long counter separating the dispensary from the waiting area. A consultation area is on one side, and the waiting space itself has plenty of seating.

The final fitting-out, which included electrics, floor coverings and lighting, took three days. And Mr Spink's verdict is positive: "Mason Nordia produced an efficient and easily run pharmacy, but at the same time a shop with character and decor. Most patients who come for the first time comment on how pleasant and homely it is".



The old fire station with a different glow...Spinks chemist, inside and out.



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## Duty-free fit

CIL Systems have been working on ship-shape design recently for duty free shops on board the QE2, Canberra and Sea Princess. Landlubbers can see their octagonal design at Luton Airport's duty free shop, which includes a cosmetic section and perfumery in "feminine" pink. Store manager Alec Dunn says the shop, fitted out in grey, red and burgundy, has been complimented by trade and customers. "We are particularly impressed with CIL's design for the perfumery section. Sales are on the up and up". *CIL Systems Ltd, Fonthill Road, London N4 3HN.*

## On the wall

The Eurohook Rack is a new wall-mounted display from Lewton & Co, made from bright drawn wire coated with polythene. Featuring a goal post headerboard holder, the rack has 32 sales positions and measures 33 inches wide by 24 inches high, say *Lewton & Co, 4 Chapel Fold, Lower Wyke, Bradford, West Yorkshire BD12 9AG.*



The duty free perfumery at Luton Airport

## Small but neat

For small shops which can't afford a large outlay on POS material, Falconcraft offer aluminium and PVC fittings which they call "effective but inexpensive". Sections can be used for shelf bases or to hold ticketing, and can be screwed, nailed, cut or bent to the right shape, say *Falconcraft Ltd, 89 Hainault Road, Romford, Essex RM5 3AH.*

## Stalking about

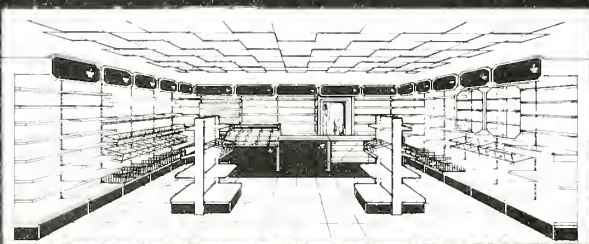
In the face of ever-increasing drug store competition the pharmacist must find ways of holding and strengthening his share of the market, say Beanstalk shopfitters. "A

well designed and laid out pharmacy and front shop are essential for obtaining more efficiency and profits", they say, offering their own design and fitting package as a means to this end. Beanstalk have their own installation team for their display system which, they say, can be changed according to season and promotion. *Beanstalk Ltd, Chichester, West Sussex.*

## Casting the light

A range of low voltage light fittings are being launched by contract lighting firm Light Graphix. The collection includes freestanding, recessed, track and baseplate fittings, say *Light Graphix Ltd, Vauxhall Place, Dartford, Kent.*

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## it to fight the flames

Melaproducts are "the chemist's prescription for fire safety in shopfitting", say manufacturers Insulation Equipments Ltd. Their range of cladding materials includes 500 patterns, colours and textures, and IEL say specific designs can be incorporated into the surface.

"Every year there are more than 4,000 fires in retail premises. The average cost of a large fire is £250,000. Many of our products meet the world's highest fire safety standards, and the building industry's ever more demanding requirements". Consultancy and shopfitting services are available. *Insulation Equipments Ltd, Oswestry, Shropshire SY11 2RR.*

## t's handy y tube

Handy Tube is a square tube construction system from Link 51 for building shelving, display cabinets or partitions.

Available in a range of finishes, including black stove enamel, satin or bright chrome on steel, it can be perforated on one side and can use castors, door tracks and other accessories. Joints to connect Handy Tube give seven possible right-angle intersections. *Link 51 Ltd, Link House, Halesfield, Telford, Shropshire TF7 4LN.*

## urning ne corner

BFN Showrax are cornering the fittings sector like "L" with their new corner infill unit.

The unit forms a 90-degree corner between two counters, making an L-shaped counter configuration.

Standing 36in high, it features a dark brown laminate front panel, and other colours can be specified to suit particular colour schemes. Radial or square edged tops can be used. *BFN Showrax, Tower Works, Lower Road, Gravesend, Kent DA11 9BE.*

## elp to ghten ne load

Hamilton Litestat have introduced a service to help retailers understand the problems of low voltage lighting. They offer advice on the technical requirements if given details of the fittings concerned. The company says problems arising from the new technology are so new that the Institute of Electrical Engineers has yet to bring out its own regulations. *Hamilton Litestat, Unit G, Quarry Industrial Estate, Mere, Warminster, Wilts BA12 6LA.*

## utting pu in ontrol

Opto-sell is a system developed by Display-design to give shoppers "a greater feeling of involvement", say Interdisplay. The shelf-optimising system lets products retain their identity and brand image while giving retailers more control, with a selection of components which can be adapted as required, say *Interdisplay Company, 5 Kensington Park Mews, London W11 2EY.*

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## Rounded look

A revolving turntable is supplied by Jica Displays, who say it is ideal for counter and window displays. The unit works on the mains and is guaranteed for two years (£95). *Jica Displays, Island Farm Avenue, Molesey Trading Estate, East Molesey, Surrey KT8 0UZ.*

## Curved series

The 'S' series may sound like a spy thriller but in fact it's a range of modular display units from Parnall & Sons. The name comes from the rounded look given by its external and internal curved corner units. Included in the range are wallmounted, island, gondola and corner units. Shelving can be horizontal or angled, with wooden or glass front risers; and vertical dividers or grid-binning can be fitted. *Parnall & Sons Ltd, Lodge Causeway, Fishponds, Bristol BS16 3JU.*

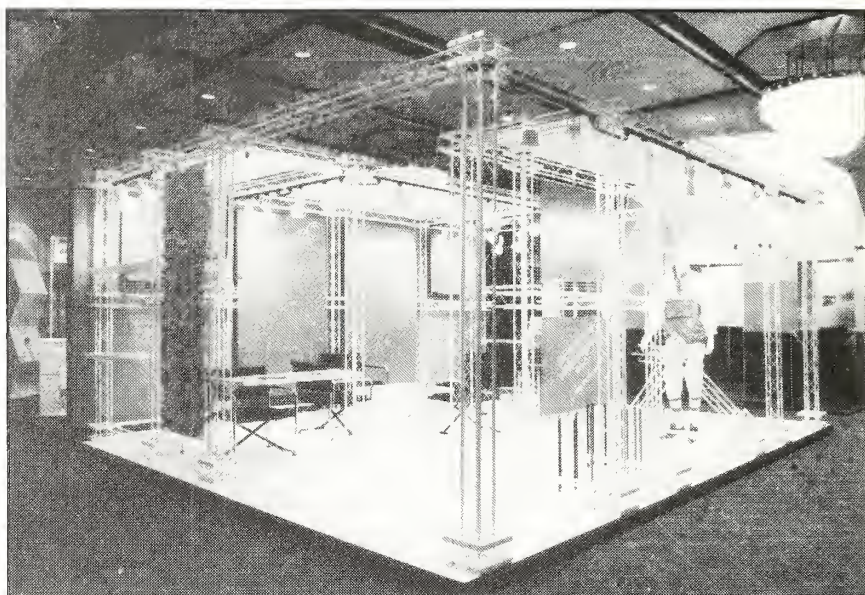
## News planets

IGG Electronics' Newscanner display units could be called heavenly. Saturn, Orion and Mercury make up the POS, sign and communication system. The smallest model is 89cm wide. *IGG Electronics Ltd, Grove Road, Cosham, Portsmouth, Hants PO6 1LX.*

## Start from zero

When it comes to modular display systems, Gingerbread Display have come up with Zero. Made of steel with an epoxy resin finish the Zero looks, they say, like "stylish scaffolding" and has Meccano-style six-way junctions for its lattice beams.

Two lighting systems have been adapted for Zero, and a single circuit track can be fitted to the underside of the beams. Other lighting systems can be attached.



Zero can be hired in titanium white and bought to order in yellow, anthracite, light grey, belluga grey and blue. *Gingerbread Display Ltd, 19 Heathmans Road, London SW6.*

## Computer plans

A computerised planning service is on offer from Lux Line. All their sales are now controlled through this service, which is free and, says the company, can speed up the pharmacist's designed layouts and quotations.

"Although the computer is slightly impersonal," say Lux Line, "the customer relationship is not lost, as our managing director, David Olney, deals with each inquiry personally". The company offers a complete pharmacy installation scheme, financed through the Vantagehurst leasing

company. *Lux Line Ltd, 8 Commerce Way, Leighton Buzzard, Beds.*

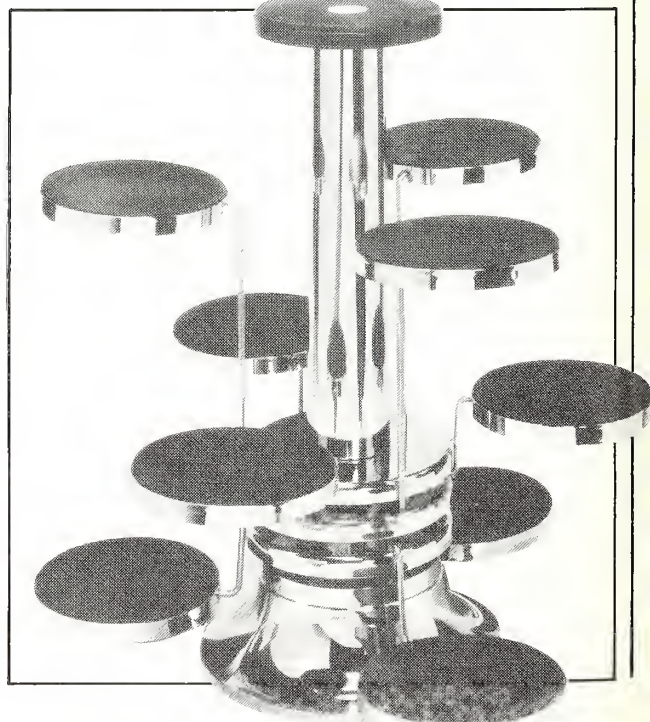
## 'Spacy' system

Jupiter is a new merchandising display system from AMS Store Fittings of London and Birmingham.

Using 90cm wide modules, the system has steel uprights in slotted sections and a range of accessories. "It has been developed to offer the ultimate in flexibility," say AMS, who claim the displays can be tailored for almost any food or non-food merchandise. The shelving features adjustable brackets, so it can be tilted backwards or forwards to any angle.

AMS consultants will advise retailers on the use of their Jupiter system. *AMS (Store Fittings) Ltd, Rex House, 354 Ballards Lane, London N12 0HF.*

The Zero modular display (top) and Jica's turntable (right)



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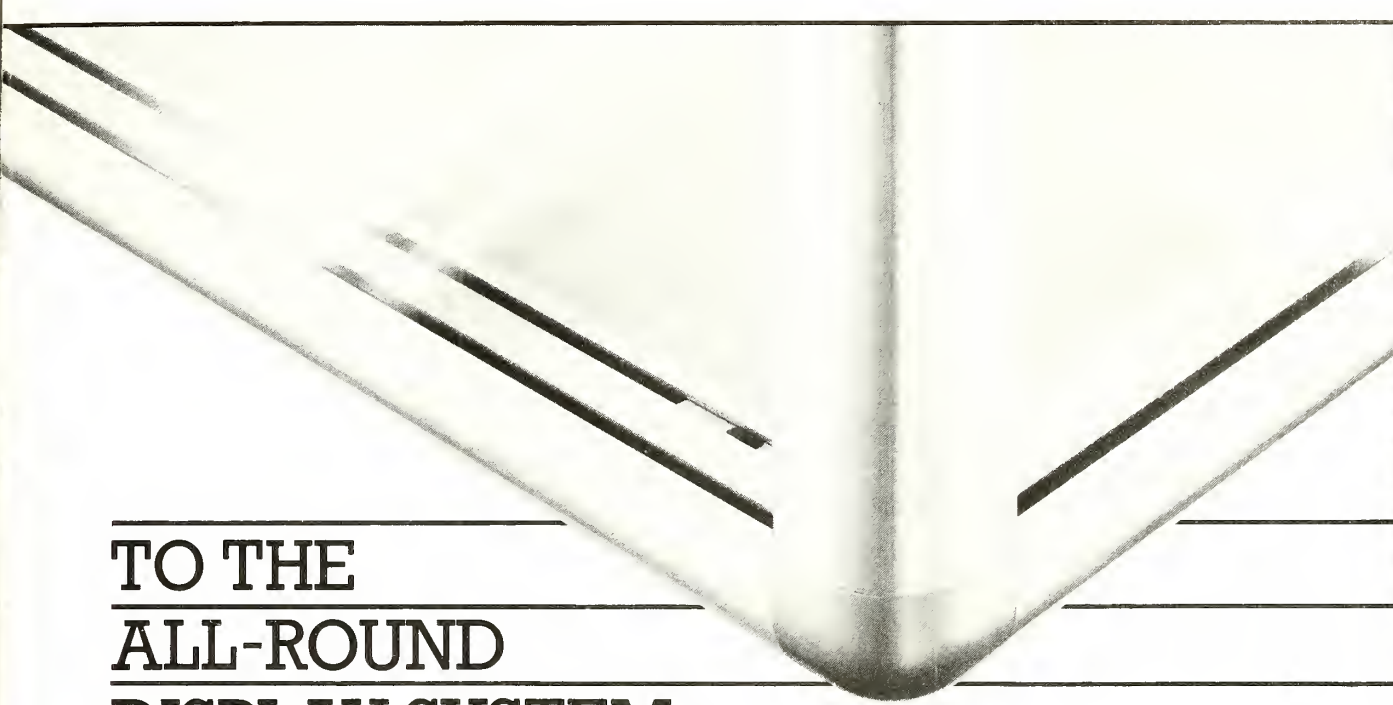
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## ANGLES

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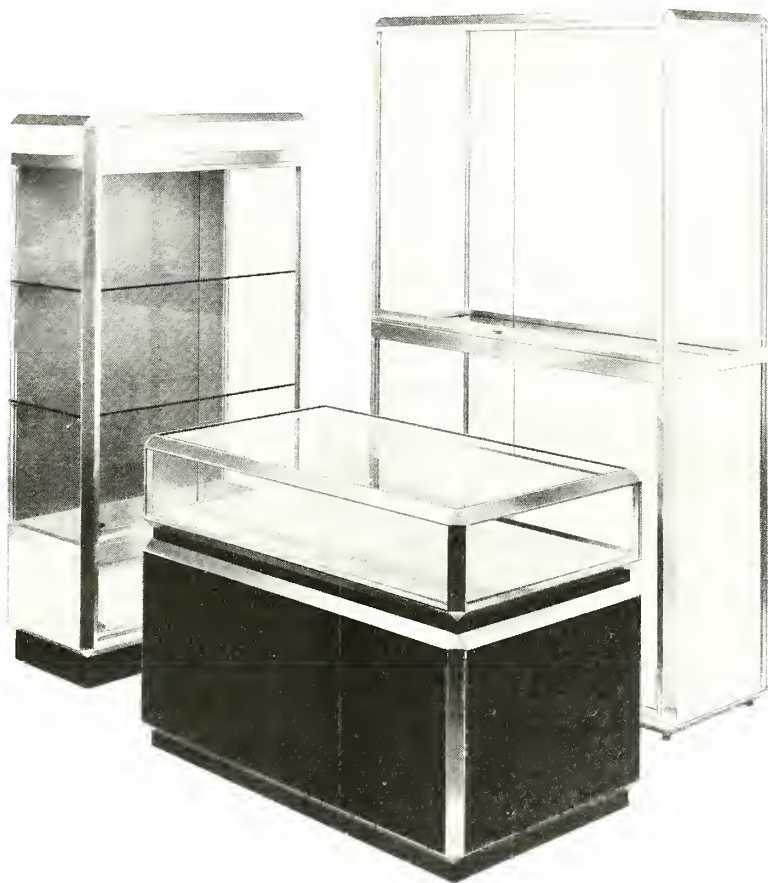
**RT Display Systems Ltd**

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*Agent in Ireland:*  
Display Systems Ltd  
Bond House  
Lower Bridge Street  
Dublin 8  
Telephone: 0001 779441







The Jupiter system from AMS Group

## Hallons' Christmas

Hallons are promoting all their POS and display products in a colour Christmas catalogue for 1985.

Including code numbers for products and a price list for orders, the catalogue is the first of its kind, say Hallons, who are "extremely optimistic and excited" about its potential. *Hallons Ltd, Perry Road, Harlow, Essex CM18 7PW.*

## A showcase

"A new concept in glass cabinets" is the claim made for Showcase by their sole designer, John Macleod.

Available in varying sizes, with aluminium frames, adjustable shelves and glass sides, tops and doors, the cabinets come in kit form, and can be put together in ten minutes with an ordinary screwdriver, says Mr Macleod.

The units range from £47 to £91.50. Orders can be for cabinets with or without doors. *Showcase MFG & Eng. Co Ltd, 9 Spondon Road, Tottenham, London N15.*

## Fly with Exporama

Originally designed for the British Airports Authority, the snaked radius profile gives "a new dimension to design, colour

coordination and space saving for all sized retail outlets", say Exporama.

As part of a new look for their duty and tax free shops, the BAA asked for an attractive layout which would improve customer flow. The system Exporama produced uses a zig-zag effect, with units meeting in a diamond point. "We are concerned with providing modular counter and wall display systems which are flexible and cost-effective, but with high standards of quality and durability", says commercial director Stephen Hancock. *Exporama Ltd, St James Road, Corby, Northants.*

## Taking the NPA's advice

Pharmacists may be more interested than ever in the shopfitting world following the NPA's recommendation to make space for private consultation areas. The Association itself has a free consultancy service — but for a more general look at the shopfitting industry, retailers might want to visit Exposhop '86. Held in Birmingham's National Exhibition Centre on March 2-5, the show will include representatives of the National Association of Shopfitters, who will provide an advisory service during the four days. The exhibition is organised by *Batiste Exhibitions & Promotions, Pembroke House, Campsbourne Road, London N8 7PE.*

## Little and large

Tec Europe say their electronic POS systems can be used in small corner shops and giant department stores. Their scanning system, the Tec M-2300, gives market data or can be operated as a stand alone electronic cash register. It can give the total number of customers, item sales and cash taken every hour, as well as money value against individual goods, say *Tec Europe Co Ltd, 1 Eastbury Road, Beckton, London E6 4LP.*

## A fitting service

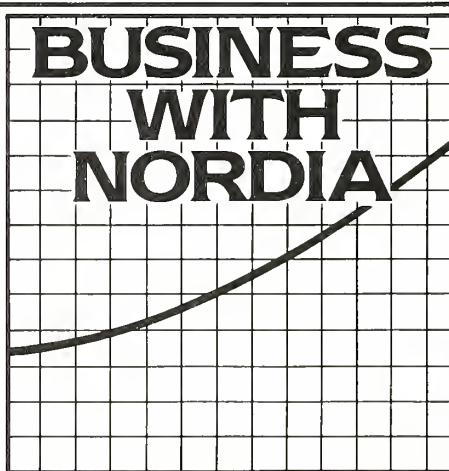
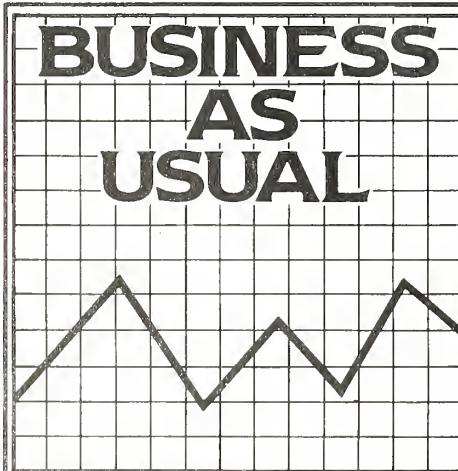
Based in Devon, the Shopfitting and Design Centre offers a refitting service for pharmacists — particularly those who like the continental touch. The two Davids — David Cross and David Barrett — who run the company, specialise in the continental draw system for dispensaries. They also have a free design service to give an idea of the final result. *Shopfitting & Design Centre Ltd, Heron Road, Sowton Industrial Estate, Exeter EX2 7LL.*

## On the rack

A modular racking system called Versi-store can be clipped together without using bolts or tools, say Versatile Fittings. Using four structural components, the system also has add-on modules and a range of shelf kits, and comes in black, green, red or white. *Versatile Fittings Ltd, Bicester Road, Aylesbury, Bucks HP19 3AU.*

## Small is beautiful

RT Display Systems offer the Mini-Newline aluminium profiles for those who feel that small is beautiful. Designed for counters, showcases and wall units, the profiles are 20mm wide and display smaller merchandise. They are fully compatible with the company's regular Newline, say *RT Display Systems Ltd, 212 New Kings Road, London SW6 4NZ.*



Using Mason Nordia's expertise really can help to smooth out the ups and downs of retailing. Careful planning and design by our consultants improves your sales area, making displays more attractive and effective. Some retailers have told us of an over 20% increase in business. Why not contact us for your free copy of our brochure all about Mason Nordia shopfittings. We'd be glad to help you do the business.

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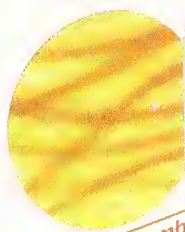


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in two hours

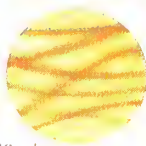


**free comb**

110 ml

**CARYLDERM**

the family treatment kit  
for the elimination  
of head lice in two hours



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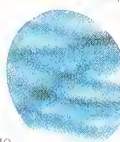


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the family treatment kit  
for the elimination  
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Modern thinking on family head lice control demands immediate, thorough treatment for all, even if only one head is infested.

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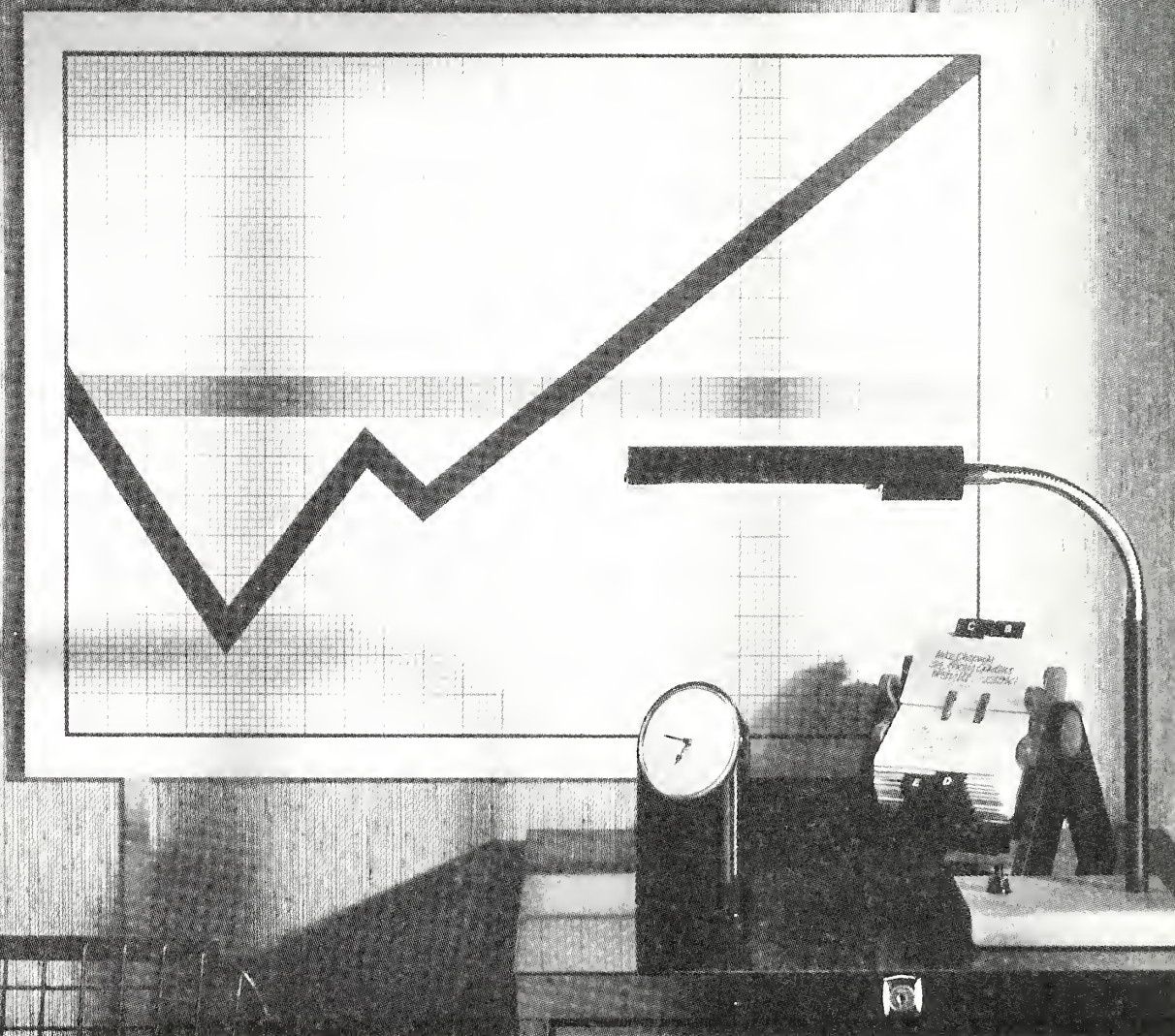
Napp Laboratories, The Science Park, Cambridge CB4 4BH. Member of the Napp Pharmaceutical Group

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## Company, sole trader or partnership?

**One of the first decisions to be made when starting up a business must be its structure — whether to operate through a company, as a sole trader, or partnership. Each has its benefits and disadvantages.**

People often only think of a company, perhaps due to some innate desire to be a company director, but don't forget the alternatives, warned Valerie Martin, from Spicer & Pegler at a Unichem financial seminar last week. There may be good reasons for avoiding the company route in early days, she said.

Advantages of a company centre around the fact that members liability is limited to the amount unpaid on issued share capital. Directors normally have no liability unless trading while knowingly insolvent.

But the new insolvency bill introduces stronger penalties for rogue directors, and in the future directors and shareholders will not be able to walk away from their obligations. Limited liability is often a myth — banks normally demand personal guarantees from directors and shareholders — so putting aspiring businessmen back in the same position as partners or sole traders.

The concept of incorporation carries extra status and feeling of substance — people often think that third parties will be happier to deal with a company rather than a sole trader. A company can be advantageous where a business is very profitable — if profits are to be left in the business for future expansion.

A company is only taxed at 30 per cent on profits up to £100,000, compared with a partnership/sole trader where proprietors are taxed at 60 per cent on taxable profits in

excess of £40,200, regardless of whether or not they leave the profits in the business.

Other points to consider are that directors have to pay PAYE on their remuneration, tax being payable in the month following payment to the director. Shareholders have to pay income tax on distributions, and these are received net of basic rate income tax. And when companies are sold or wound-up capital gains tax has to be paid on the profits of the disposal.

On the minus side a company has to bear the cost of audit and compliance with company law, and must be registered (for a fee) with the Registrar of Companies. Partnership/sole traders do not have these expenses, but both have to prepare accounts for shareholders, proprietors, banks, etc.

Corporation tax is payable on profits at 30 per cent up to £100,000, increasing to 42.5 per cent between £100,000-500,000, and 40 per cent over £500,000. Tax is due nine months after the accounting date. The actual profits of the year form the basis of the tax charge. There is no preceding year basis.

### Partnerships and sole traders

The main advantage from a partnership, or operating as a sole trader, is one of tax. A sole trader/partnership is assessed on a preceding year basis. Accounts should therefore be drawn up to a date shortly, after

April 5, eg April 30. Profits earned in year ended April 30, 1985 will then be assessed in 1986/87.

Tax is payable in two equal instalments on January 1, 1987, and July 1, 1987, 20 months and 26 months after year end (as compared with nine months after the year end for a company). But do not forget to put tax aside, otherwise you will already have spent the money when the bill comes, warned Ms Martin.

Losses can often occur in first couple of years of operation, even where a business is inherently profitable. Companies can only carry losses forward to offset against future trading profits, or offset those losses against other income, such as investment income, arising in the year or previous year.

Losses arising to sole traders or partnerships in the first four years of business can, under section 30 of the Finance Act 1978, be carried back against the income of the individual for the three years prior to the new business being set up. This means PAYE paid on previous employment can be recovered. As an added bonus the Inland Revenue has to pay interest on the repayment — this is tax free.

Claims for relief under Section 30 must be made within two years of tax assessment of the year in which losses were sustained. Professional advice is, therefore, very important, said Ms Martin.

### Tax planning for partnerships

The opening years of a new business are assessed so that profit or loss for the first trading year, or part of a year, can form the basis of assessment for three years. Thus if profits are low in the first 12 months these will be assessed three times, and meanwhile much higher profits can be being made.

Alternatively if years two and three prove to be worse than year one a business can elect to be assessed on the actual profits arising in those years. Once again it is important to review the position and obtain professional advice so that these opportunities are not missed.

The election to be assessed on the actual basis instead of the normal basis for the opening years must be made within six years after the end of the third year of assessment, so there is plenty of time to think about it but also plenty of time to forget to do it!

April 6 is the optimum accounting date but hardly commercial. The best date is April 30. Do not choose March 31, although the Revenue booklet *Starting in Business* recommends this date, warned Ms Martin.

Until the 1985 Finance Act there was plenty of scope for tax planning in partnerships by engineering a cessation, by introducing a new partner, or by a partner retiring so that advantage could be taken of

*Continued overleaf*



the method of assessment applying to opening years.

The disadvantage was that the Revenue assesses the two years prior to the year in which the change occurs on the higher of the actual basis, or the preceding year basis. Therefore, the low profits in the first year of the new cycle must be sufficiently low to compensate for the increased assessments for the penultimate and anti-penultimate years of the old partnership cycle.

Following the Finance Act 1985, after a cessation a partnership will be assessed on its actual profits for the first four years of the new cycle. Only in the fifth year of assessment will the partnership move to a preceding year basis. So, assuming a April 30 accounting date, instead of the profits for the first accounting year forming the basis of three assessments, the profits for the third and fourth accounting years will each form the basis of two assessments.

However, the partnership may elect for the assessments for the fifth and sixth years of assessment to be based on the actual profits of those years instead of the profits of the preceding years, ie the third and fourth accounting years.

While a business can engineer the profits of the first accounting period to be low, it is high on impossible to engineer low profits for five years, and much of the tax planning revolving around partnership changes is now gone.

The old rules do still apply, however, when you start up as a sole trader and first introduce a partner. Benefits can come from the opening year's rules when you first start up as a sole trader, and then once more when you take in a partner.

If a business does operate through a partnership, and partners come and go, continuation elections are very important. Submission of a continuation election within two years of the change in partnership means the business can carry on being assessed on the preceding year basis. So long as profits are going up tax will always be paid on lower profits than are currently being earned.

## Partnership deeds

A partnership agreement is most important. A partnership without one has to rely on the terms of the 1899 Partnership Act, and this is obviously very general so as to apply to all possible circumstances.

Have an agreement which defines profit shares; clears bank mandate for cheque signatories; and states how goodwill should be valued, advised Ms Martin.

Finally she reminded the 250 pharmacists at the seminar that it is easy to turn a partnership/sole trader into a company, but very difficult — and expensive — to turn a company into a partnership/sole trader.

## You're only young once'

I was interested to read the reported remarks of Peter Joshua (*C&D*, November 2, p785) in which he states that local branch meetings do not provide a medium for young pharmacists to discuss what is happening in the profession. I must say that if this is so, I find it rather sad and out of line with my own experiences.

To use a well known phrase: I am "one of those Council Members upon whose certificate the ink is not yet dry." I have just 12 years of post-registration experience, nearly all of which have been spent in active association with the branch and regional organisation, before being elected to Council. In the three branches of which I have been a member, I have always found a welcome, and an opportunity to contribute to pharmaceutical affairs. In particular, meetings such as Branch Reps, always allowed the like of me — and indeed many other young pharmacists — to have a say in policy decisions.

Peter Joshua may well have had a different experience, and perhaps there is a need for a Young Pharmacists Group. However, my concern, is that the existence of the Group could polarise pharmacists into "Young Pharmacists" and "Old Branch Members," and, much as I wish the new Group well, I feel that any large shift would be divisive.

On the other hand, perhaps I am still young enough to join — or do your readers think I am getting too much of my say already?

N.L. Wood  
Brentwood

## A sounding board...

While I have every confidence in Pharmaceutical Services Negotiating Committee negotiating our contract, and the Pharmaceutical Society in attending to our educational requirements, there does seem to be a lack of a sounding board outside these two venerables.

Might I suggest that the proposed Young Pharmacists Association, the likes of Mr Ashwin Tanna (whom I admire for his urging work in the past), and anybody else who is interested, get together and try to arrange an annual conference for pharmacists — unaffiliated to any group — similar perhaps to the PSGB, but open to all upon payment of a registration fee.

This conference should not be in London or Edinburgh, but held away from these two centres. Perhaps one of the major wholesalers could sponsor such a conference. How about it, Unichem? — you have the pharmacist at heart!

An organising committee could be set up to arrange an agenda from proposals sent in by any pharmacist. It should be a general sounding board for the views of the profession at large, and not to discuss solely the contract, or solely education, but the whole sphere of the profession.

Come on then — all those who do not think their voice is heard — the employee, the basic grade, the student, the unattached, make your views heard on such a conference.

E.C. York,  
Northampton.

## PSNC panacea no cure?

It is quite obvious from the letters published that there are a number of dissidents to Mr Sharpe's panacea for pharmacy — and not all belong to the BPA. Some seem more than happy that Mr Sharpe has actually negotiated less money for pharmacy, has "legitimised" leapfroggers, has lost pharmacists the fundamental right to contract. He hasn't even mentioned recently any negotiations for compensation for the limited list dead stock — this is seven months after it became useless. Writing to all his "Dear colleagues," urging them to write to their MPs, he even missed the opportunity of a ballot — shades of Scargill.

Mr Tanna's unofficial ballot received so little response that it proves nothing and can be ignored. Wild misleading claims that "97 per cent (actually it was 90 per cent — Editor) are for the new contract" are grossly misleading and one wonders whether the word "dishonest" would be more appropriate for this whole sorry presentation.

As a final insult Mr Sharpe, in his letter to us, says: "The new contract will allow amalgamation of contractors because of the availability of two pharmacists..." I trust he will be the first to offer a partnership to someone he has negotiated out of business.

I am not an old josser (whatever Xrayser may think), not a member of the BPA, but just one of the (usually) silent majority who objects to the use of abuse of power. I shall not be unduly affected by the possible new contract and have no political axe to grind. However, roll on the next PSNC election.

Conscript

Chemist & Druggist 16 November 1985



# Beecham chairman goes in surprise resignation

Beecham's chairman and chief executive, Sir Ronald Halstead, MPS, has resigned after 15 months in office.

The resignation was announced at the same time as the group's half-year results — which showed a rise of only 2.4 per cent in pre-tax profits to £148.8m.

The two roles given up by Sir Ronald will now be split, with John Robb — chairman of the products division — becoming chief executive. The company will look for a new chairman from outside the group. In the meantime vice-chairman Lord Keith of Castleacre will act as chairman.

Lord Keith says the Board decided in the light of Beecham's recent performance that "a younger, more dynamic management" was needed, and the change should begin at the top. He denied

that there was anything fundamentally wrong with the group but said it was suffering the aftermath of a long period of continuous growth. This had led to some complacency.

The non-executive directors of the company — Lord Keith, Lord McFadzean and Denis Allport — were the prime movers of the change, but "what was done was unanimous," and there was no pressure from institutional shareholders, said Lord Keith.

Sir Ronald, who had a salary of about £190,000 a year and a three-year rolling contract, will be paid a negotiated sum by Beecham. He has worked for Beecham for more than 30 years, having started there as a production chemist.

News of the resignation took the City by surprise and shares fell by 41p to 285p, according to the *Financial Times*.

## Glaxo: top profile

Glaxo Holdings have been given Chemical Insight's citation as 1984's best financial performers in the pharmaceutical industry.

Their 53.6 per cent increase in trading profit in 1984 is noted as the best of 50 analysed producers — apart from two companies recovering from profit declines in the previous year.

Glaxo also had the highest sales increase at 29.6 per cent, and the 10th highest margin of profit over sales. Eight companies — seven American and one European, ICI — had margins of over 30 per cent. The best was 33 per cent, shown by Eli Lilly and Johnson & Johnson.

The highest increase in spending on research and development again came from Glaxo — except for companies in a recovery position. Erbamont and E. Merck were the leaders.

American Home Products, parent company of International Chemical Co and Wyeth, are still the biggest pharmaceutical producer, and the only

company with sales topping \$3bn. Following them are Merck & Co, with revenues of \$2.9bn. The highest profit on pharmaceutical operations went to AMH, at \$907m.

Insight say Bayer and Ciba-Geigy spend more on R&D than Hoechst — previously thought to be the top spender. Bayer total \$297m, compared with Ciba-Geigy's \$292m and \$274m for Hoechst.

## Guide secured

Guidelines have been drawn up for the retail trade, giving standards for training security staff.

Three organisations — the Association for the Prevention of Theft in Shops, the International Professional Security Association, and the British Retailers Association — have set up the guide following a Home Office report recommending a national standard.

Proposals include three months of training for security staff, with tutorials on criminal law and technical aids.

## 'A good deal' for Numark

Numark are to let Tyne Tees Television use their distribution channels in the North-East as part of the network's new Pulsebeat marketing package. And in return the group is getting free air-time for its own advertisements.

Mr John Forster, chairman of ICML, described the deal as selling guaranteed shelf space in return for free television advertising. "It's quite a good deal for us really."

Pulsebeat guarantees advertisers distribution to grocery, DIY, off-licence and chemists' outlets. Extensive market research, TV slots and free use of a retail sales force are included in the package.

Numark have 234 members in the North-East and have promised to place the Pulsebeat advertisers' products on the shelves of at least 120 of them.

But Mr Forster said that Numark are still looking after their customers' interests. Both Bleasdale and Hall-Forster, Numark wholesalers for the area, can refuse to carry any product which is poor quality or whose profit margins are too low for either wholesaler or retailer.

## New loan stance by Unichem

Unichem has changed the conditions under which it is prepared to guarantee start-up loans to pharmacists.

Until now loans have not been available to new businesses which leapfrog existing Unichem members. Mr Jeff Harris, chief financial officer, told 250 pharmacists this at a financial seminar last week, unaware that the board had earlier reviewed its policy.

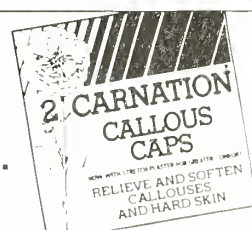
However, managing director Peter Dodd has confirmed that in the light of the failure of the contract, each application for a loan will be considered on its merits. If acceptable it will be eligible for the scheme.



# CARNATION

Corn and Callous Caps that are asked for by name.

Cuxson, Gerrard & Co (Dressings) Ltd., Oldbury, Warley, West Midlands B69 3BB





## AAH move into toiletries

**AAH Holdings have expanded into the soaps and toiletries sector with the £5.1m buy of two companies from IG Manufacturing.**

The whole purchase price has been satisfied with the issue of 308 million shares by AAH. The two companies bought are contract manufacturers based in London and Eastbourne. They are Intergen Beauty Products and Berkely Perfumery (Home and Overseas). At the end of October their net tangible assets were £3.1m. Combined pre-tax profits reached £978,000 in the year to June 30.

AAH hope to use the companies to expand the own label range of toiletries distributed through their pharmaceutical wholesalers. Managing director Bill Revell says the first step will be to expand Vestric's Vantage range.

## ICML welcome Sunday trading

**The prospect of Sunday trading has been welcomed by ICML.**

New legislation — expected by the early Summer (see *C&D* last week) — will tidy up many existing anomalies, say ICML. They say it will give many trading opportunities to Numark members. "Many retailers have already extended trading hours very successfully", says managing director Trevor Dixon.

Tim Astill, director of the National Pharmaceutical Association, says, "most NPA members feel the situation could be improved without deregulation, — "and ICML members are our members".

The shopworkers' union, USDAW, says "open all hours" could mean some shops never opening again.

Existing retail staff would not have to work on Sundays under the new law, says Home Secretary Douglas Hurd. The *Financial Times* reports Mr Hurd promising to keep protection for young employees' hours of work.

## New JR computer

**John Richardson Computers are launching a new pharmacy labelling system based on the 128K Amstrad CPC6128.**

The new system loses none of the operating characteristics of previous

models, but has been priced at £999 for NPA members to bring a disc labeller into the reach of more pharmacies, they say.

The labelling software is based on the established Richardson program, but also contains some new features.

Spare capacity still exists for program enhancements as they become available — the first of which will be the automatic production and transmission of orders direct to the wholesaler of choice via a modem, say Richardson.

A 24-hour replacement and maintenance service costs £245 per annum and includes one routine annual service visit, together with free program updates, and special prices on general hardware and software packages as available.

As an introductory offer during November and December, or until stocks run out, 20,000 labels, and a £100 voucher (to set against the purchase of a Richardson modem at a later date) will be given with each order. *John Richardson Computers Ltd, Freepost, Preston PR5.*

## BS measures up

**A new British Standard, BS 3221 Medicine measures Part 1 specification for medicine measures of 50 ml total graduated capacity, gives design and performance requirements for medicine measures of glass or plastics.**

It is a combined revision of previous Parts 1, 2, 3 and 5. Part 1: 1960 and Part 3: 1966 are now withdrawn. The revision specifies one size of measure to supersede requirements for measures ranging from 10-50ml. Test methods for rigidity and resistance to hot water are introduced. Apart from the scale and graduations the design of the measure has not been specified in detail. Appendix A contains guidance for the selection of materials.

BS 3221: part 1 (£14.00 — £5.60 to BSI subscribing members) from the *Sales Department, British Standards Institution, Linford Wood, Milton Keynes.*

## COMING EVENTS

### Ex-cited

**Trades Exhibitions have announced the dates of their 1986 retail exhibitions.**

Chemex '86 will be at Earl's Court on September 14 to 16; Nor'chem '86 at G-MEX in Manchester on April 20 and 21; West'chem '86 at the Exhibition Centre, Bristol on May 11 and 12; and Scot'chem '86 at the MacRobert Pavilion, Ingleston, Edinburgh on May 18 and 19.

Further information from Trades Exhibitions Ltd, Exhibition House, Spring Street, London W2 3RB.

### Unichem at Rio

The 250 places originally available for the Unichem Rio Convention 1986 have been filled and, of the further 30 places obtained, there are now just eight left. Two tours to the Valley of the Incas (extension no 4) are now full but a pre-Convention tour maybe arranged.

**Monday, November 18**

**Leicestershire Branch, Pharmaceutical Society.** postgraduate medical centre, Leicester Royal Infirmary, at 8pm. Mr Andrew Burd, registrar in plastic surgery, on "Wound closure and healing II."

**Mid Glamorgan East Branch, Pharmaceutical Society,** Globe Hotel, Pontypridd, at 8pm. Professor A. W. Asscher, department of renal medicine, Cardiff Royal Infirmary, on "The management of urinary tract infections." Buffet supper.

**Tuesday, November 19**

**Liverpool Branch, Pharmaceutical Society,** Walton Hospital postgraduate medical centre, Rice Lane, Liverpool 9, at 8pm. Dr J. C. D. Wells, director of the Regional Pain Relief Centre, on "Recent developments in the treatment of pain."

**Northumbrian Branch, Pharmaceutical Society,** Viscount Suite, Imperial Hotel, Newcastle-upon-Tyne, at 7.30pm. Dr Ranasinghe on "Forensic pathology."

**Wednesday, November 20**

**North Metropolitan Branch, Pharmaceutical Society,** School of Pharmacy, Brunswick Square WC1, at 7.30pm. Dr I. W. Mack, drug addiction unit, Hackney Hospital, on "Changes of attitude in the treatment of drug dependence." Refreshments.

**Southampton & District Branch, Pharmaceutical Society,** postgraduate medical centre, Southampton General Hospital, at 7.30pm. Joint meeting with British Dental Association. Hot buffet followed by a lecture on the "Alexander technique."

**Wirral Branch, Pharmaceutical Society,** Wirral postgraduate medical centre, Clatterbridge Hospital, at 8pm. Dr J. Ashton on "Some aspects of the work of the community physician."

**Thursday, November 21**

**Bedfordshire Branch, Pharmaceutical Society,** Bird-in-Hand, Henlow Camp crossroads, at 8pm. Mr W. A. Jackson BSc, FPS, on "Pharmaceutical Bygones and Antiques." Coffee.

**Fife Branch, Pharmaceutical Society,** Anthony's Hotel, Kirkcaldy, at 7.30pm. 25th Anniversary Dinner. Principal guest speaker Dr T. G. Booth, president PSGB.

**Somerset Branch, National Pharmaceutical Association,** County Hotel, East Street, Taunton, at 7.30pm. Mr David Sharpe, chairman, PSNC, on the new contract.

**Friday, November 22**

**Fylde Pharmacy Forum,** Imperial Hotel, at 8pm. Speakers from the Pricing Bureau.

**Slough & District Branch, Pharmaceutical Society,** Burnham Park Hall, at 8pm. Barn Dance. Cost £4.

**Advance information**

"Marketing and the pharmacy," a one day conference at the Cafe Royal, London on November 29. Speakers include Tim Astill, director NPA, Alan Turner, Vestric. Speakers will address marketing staff from pharmaceutical companies on developing a better understanding of the community pharmacist. Details from Communications ARC Ltd, 27 John Adam Street, London WC2 (tel 01-379 6022).

**West Metropolitan Branch, Pharmaceutical Society,** The London West Hotel, Lillie Road, London W6, at 7.30pm. Working dinner. Speakers Mr Raymond Dickinson, deputy secretary and registrar, Pharmaceutical Society, and Mr John Kirby, member PSNC. "The College of Pharmacy Practice" and "The contract." Cost £15. Details from P. Modasia (tel 01-946 0414) or S. Faulding (tel: 01-748 4666 ex 300).



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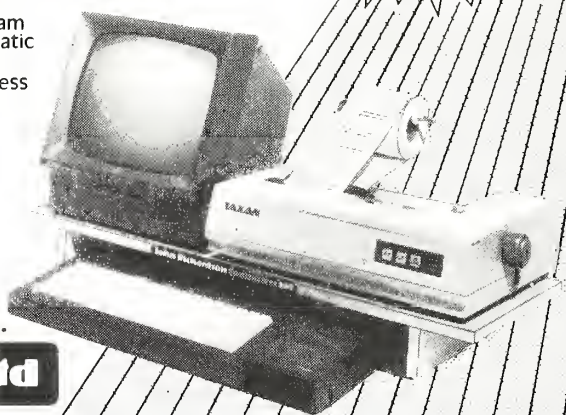
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TOM LYDON







## Corbett new PSNI president

Mr Derek Corbett is the new president of the Pharmaceutical Society of Northern Ireland.

Formerly vice-president, he was unanimously elected at the PSNI Council meeting last month. A community pharmacist in Bangor, co Down, Mr Corbett has been a Council member since 1980. He is a member of the Ulster Chemists Association executive committee, a member of the Pharmaceutical Contractors Committee and a board member at Sangers NI plc. He registered as a pharmacist in 1959.

Mr Corbett takes over as PSNI president from Dr. J.G. Swanton, who was presented with the past president's badge. Mr R.H. Clarke was elected vice-president and Mr G.E. McIlhagger re-elected honorary treasurer.

## NPA campaign a success UCA told

Northern Ireland's misgivings about the "Ask your pharmacist" campaign are understood, but no-one can deny the campaign's enormous success, guests at the Ulster Chemists Association presidential dinner were told last week.

Peter Taylor, chairman of the National Pharmaceutical Association, paid tribute to NPA director Tim Astill for having persuaded the Board to embark on "this nebulous course" and claimed that apart from the effect on the public, the campaign has been important for bringing home to the profession that its job is not "hidden away," but at the interface between the public and medicines. That influence will be seen as even more valuable when the Nuffield report and the Green Paper are published. "Personally, I am being asked for more and more advice," Mr Taylor concluded.

Supporting the president of the Pharmaceutical Society of Great Britain in calling for unity and a combination of resources, Mr Taylor said there was room for various organisations, "but splinter groups and unsubstantiated verbosity do us harm."

Responding to Mr Taylor's toast to the



Among the top table guests of UCA president Terry Hannawin (right) were (l to r) Justin Beagon, chairman Pharmaceutical Contractors Committee; Derek Corbett, president Pharmaceutical Society of Northern Ireland; Peter Taylor, chairman National Pharmaceutical Association, and John Kingston, president Irish Pharmaceutical Union

UCA, its president, Terry Hannawin, referred to a busy year in office, having joined with the NI Society and the Contractors Committee in opposing the "blacklist," expressed concern about the risks to members of parallel importing, and considered the possibility of fundamental changes in the NHS contract. The president also congratulated the Executive on the introduction of a newsletter to inform members directly about what was being done on their behalf.

## Ghostbuster goes into print

Hallowe'en is a time of ghosties and ghoulies and things that go bump in the night. This year it was also the time when a book was published recounting the years of investigation into the paranormal.

"Some unseen power" (Robert Hale, £8.95) has been written by Philip Paul, the Pharmaceutical Society's director of public relations. He has devoted much of his life to the subject of parapsychology and is known as a "ghostbusting" expert. Among cases he has been called on to investigate is the famous "Amyville" affair in the USA. Mr Paul visited the house — subject of a Hollywood film — where poltergeists were said to be wreaking havoc. His verdict was negative: there were no genuine spiritual shenanigans.

Mr Paul's investigating methods include lying in wait for paranormal forces at suspected sites. He puts some cases down to hoaxers cashing in on a genuine belief. With Mr Paul around, perhaps the con-men should give up the ghost...

## Adams awarded £½m damages

The man who reported seven multinational drug companies for their illegal price fixing activities, is to receive damages estimated at £½m from the EEC.

In 1973 Mr Stanley Adams, then a manager for Roche in Switzerland, revealed breaches of EEC fair trading laws by major drug companies. Last week, the European Court of Justice ruled that the Commission had failed to protect his identity by handing over leaked copies of the document to Roche. Nor did the Commission warn Mr Adams that he faced imprisonment if he returned to Switzerland, which has harsh commercial espionage laws. He was later arrested and imprisoned there and his wife committed suicide.

Mr Adams' original claim of £1m for loss of earnings and the mental anguish, was reduced because the judges felt his own negligence had "contributed significantly" to his ordeal. The EEC and Mr Adams have nine months to negotiate an exact compensation figure. Court costs have been reserved.

Addis have appointed David Day sales and marketing manager of the commercial division. Mr Day, previously marketing manager for the health and beauty division, will be responsible for the development of new markets. Jeff Haslam becomes marketing manager for the Wisdom oral hygiene division.

Ravina Ltd: Martin Moore, previously general sales manager, becomes sales director. Ivan Tutin, formerly factory manager, is the new production director.



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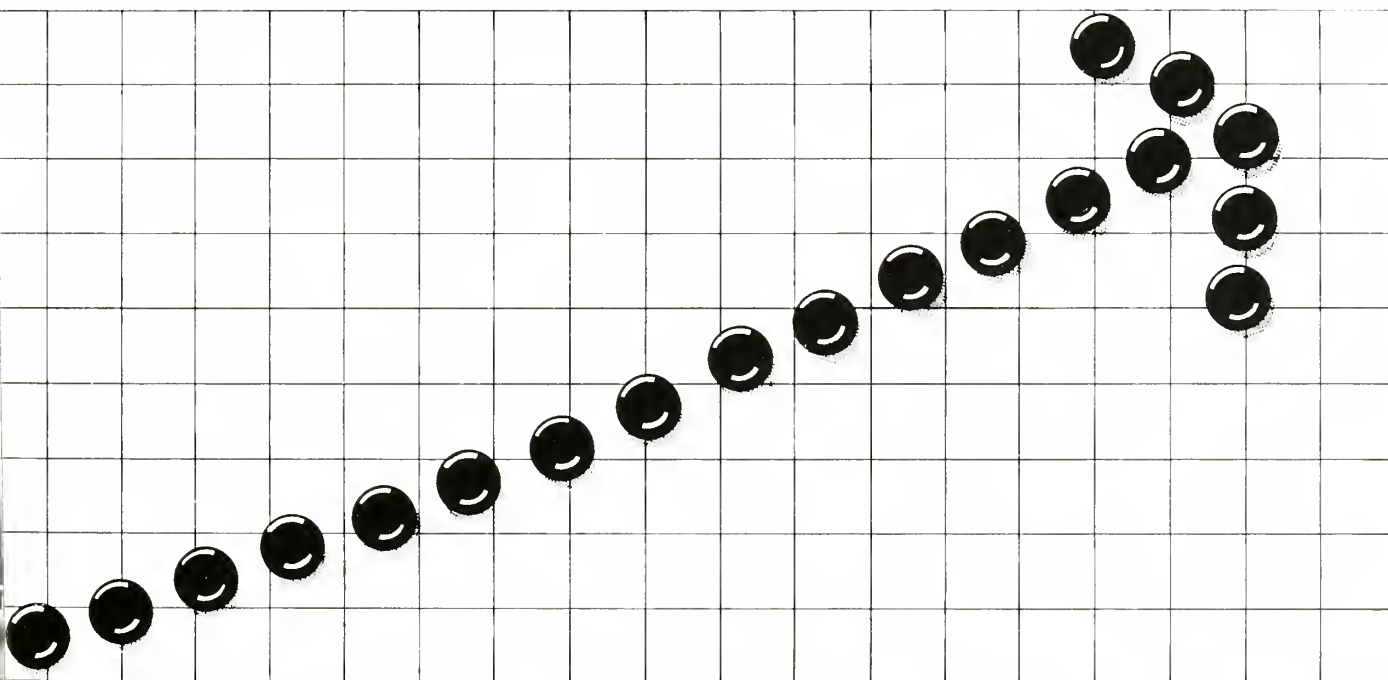
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